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A NURSING PROBLEM OF THE WEST

It has been the fashion of late years for magazines, American and otherwise, to send women correspondents on tours of this Last Great West which from a masculine point of view has been exploited almost to weariness. But a woman sees it all differently. She may not have the breadth of the masculine vision but nevertheless she sees phases of life among the women of the West which must of necessity be hidden from the eyes of the keenest male observer.

During last summer two women qualified to speak with more or less authority travelled through Western Canada—Miss Agnes C. Laut, who requires no introduction to Canadians, and Mrs. Cran, a representative of the Ladies' Field and the Bystander, who was brought out by the Dominion Government to study industrial conditions among women in Canada with a view later of encouraging immigration of young English women.

At a luncheon tendered her in Winnipeg by the Women's Canadian Club, Miss Laut spoke among other things of the dearth of nursing care for poor women in the more thinly settled parts of the West. She took the point of view (and most justly) that every child has the right to be "born well"—that is to say that the best of nursing care should be afforded both to mother and child at that critical time when their whole future is at stake, whether they are able to pay for it or not. Miss Laut regarded this matter as of national importance, and who can assert that it is not? She asserted boldly that these women are not given a fair chance, that they do not, and under present conditions cannot receive anything approaching adequate care and assistance.

Mrs. Cran in an interview given to a reporter of one of the Winnipeg dailies made practically the same statement. She implied, moreover, that the members of the nursing profession in Canada had failed to meet the situation and suggested a plan whereby the difficulty might be overcome independently of them.

It is never pleasant to be told of one's faults even in the kindest manner, but it is exceedingly wholesome, and the nurses of Western Canada must needs take some rather hard raps with as good a grace as they can muster.

First let us see what grounds there are for supposing conditions to be as bad as these ladies intimate, and next let us examine ourselves strictly to find wherein we have failed to remedy them.

It hardly requires much argument to show that something is radically wrong. Those of us who have worked in the

gynaecological wards of any large western hospital need no further argument to convince us that women are not cared for as they should be from an obstetrical point of view. Nurses in small western hospitals can also give some experiences at first hand which are tolerably ugly. To take one instance in the writer's personal experience: A woman thirty years of age, English by birth and possessing both education and refinement, was brought in to the hospital (the usual type of small western institution) lying on straw in a wagon box, twenty-two miles over an unspeakable trail. She had been confined three days previously. No doctor had been present. They had no neighbors within ten miles. Her husband had cared for her as best he could, had done the necessary housework and looked after two children under seven years of age. On the second day she had attempted to get up to rescue the youngest child who was crawling about too near the hot stove. The result was a severe hemorrhage. It is not necessary to go into further details other than to say that on the seventh day she died in the hospital, crying out with her last breath against this cruel, lonely West. This object lesson left an ineffaceable impression on the writer's mind, the more so because her particular hospital refused to take obstetrical cases unless they could afford to pay. It will of course be said that the woman's husband was to some extent responsible. But was he? They were living in a shack on their homestead. They had been out from England a year. They were struggling against debt and homesickness. The crop had been a bad one. In other words, they had the bare necessities of life and no more. They could no more afford to pay for a nurse and doctor than they could fly. And the hospital did not take free obstetrical cases. There you have the matter in a nutshell. It cannot be said that cases like the above are by any means rare. Any country doctor can match it from his own experience time and time again.

Here, then, is one factor in the solution of our problem—that every western hospital be compelled to take obstetrical cases, especially such as cannot afford to pay, and also, that the Provincial Government make a grant to the hospitals to cover the expenses of such patients, and if necessary assist the municipality with funds for the erection of a building to accommodate them.

Even supposing this particular reform is made, much yet remains to be done. By no means all women can or will leave their homes for the hospital at this time. Here is the crux of the situation. The problem now is double—the domestic side intrudes itself here as it does in all phases of nursing. Private nurses in the West know to their cost that a case in a farmhouse of the poorer sort usually entails not only the care of the patient night and day but the responsibility of the domestic menage as well. With all due deference to our literary critics, this is too heavy a load for the average woman to bear. We bear no malice either to Mrs. Cran or Miss Laut, but we must express an ardent desire to see them attempt this dual role in their own proper persons for the short space of one week. At the end of that time we feel sure that these ladies would acknowledge the fact that no one human being can conduct a maternity

case with one hand as it were, and get the children ready for school and put out the washing with the other. It is not a matter of a nurse being above housework. Tasks fall to the lot of every nurse beside which the most menial domestic drudgery might be deemed aesthetic. It is simply a matter of physical incapacity. True, Mrs. Cran assures us that she can send out young Englishwomen trained for "from three to six months" in English obstetrical hospitals who will be able to assume this Herculean task. She even promises that a doctor need only be called in at the discretion of this lady of "from three to six months' training." These accomplished persons will have but one drawback—"they will very likely marry." We should say they would—the men of the West know a good thing when they see it. All this, however, is not relevant. It seems to the writer that this question of nursing these women in their homes will be met in the long run by an extension of the sphere of the Victorian Order of Nurses. The domestic side of the question should not be shouldered off upon the nursing profession entirely. They have sufficient responsibility already. The problem of domestic help for women on western farms appears far from solution. This is a matter which all organizations of women throughout the country would do will to ponder on. Some day perhaps an enlightened and paternal government will see fit to appoint a Royal Commission to investigate this question which bears upon the living fibre of the nation and not on its material resources only. It is, conceivably, as important as the building of railways or the conservation of forests, only it takes a long time for a male government to see it in quite that light.

No Royal Commission is needed to enquire into one particular problem. Our way lies very plain before us. The scope of the smaller hospitals must be increased and the work of the Victorian Order or some other order along its lines must be greatly extended. This means volunteers, and it means money. Both surely will be forthcoming. In the West most women who practise the profession of nursing do so for two reasons—first because the work appeals to them, and second because it affords them a means of livelihood. Many of them not only support themselves but have others more or less dependent on them. If western women are to do this work, then it cannot be as a pure philanthropy for the good and sufficient reason that they cannot afford it. Whatever scheme is adopted will require considerable outlay at the beginning, but in time if properly conducted the enterprise might be partly self-supporting.

Pioneer life is hard at best, hard enough for the men and cruelly—sometimes unbearably—hard for the women. Still, hard as it may be, there are now, and will be for many years to come, men and women who having set their hands to the plough in this last west, will not turn away until the furrow be completed. New country is opened up every year—our task only grows the more difficult for being put off. Our critics notwithstanding, we have done much. The Victorian Order has done nobly, the pioneer nurses in small western hospitals have done much. All honor to them both. Most of all, the private nurses deserve every praise. Many of them take their cases as they

come and go as cheerfully to a desolate farmhouse as to a rich Winnipeg home. But it is not fair to thrust the burden on individuals. We should take counsel together, East and West, and find out how best we can answer, and quickly, the exceeding bitter cry of our pioneer sisters of the West for help and succour.

E. JOHNS.

THE HOSPITAL ECONOMICS COURSE

In spite of the prominence that has been given to this course, in nursing journals, there seems to be even in our own profession a general vagueness as to its real scope and purpose. The bewildered laity, if they discuss the matter at all, probably share the views of the New York physician, who assured me not long ago that he entirely approved of a course in economics for nurses — he thought we were inclined to be dreadfully extravagant!

The idea of this course originated, as most of you know, with the American Society of Superintendents, the purpose being to secure greater uniformity and higher standards in nursing education, and to place the hospital training school on a par with other professional institutions.

The time is past when the "born" nurse is considered the superior of the trained nurse, and the self-trained teacher in our schools and colleges is happily a rarity. Yet the "born" manager and the "born" instructor still reign, more or less efficiently, in our schools of nursing. It is no reflection on our many excellent superintendents and head nurses to say that an early instruction in the principles of administration and organization, also in the fundamentals of teaching, would have spared the best of them much bitter experience, and would have incalculably benefited the institutions at whose expense, often, they gained their efficiency.

The selection of a general college where all these different branches could be developed, would appear to be a very difficult proposition, and yet Teacher's College seems in every way eminently fitted for the undertaking. It is unique among educational institutions, in that it combines educational theory and practice, with formal instruction in the subject to be taught—a sort of technical and industrial school and normal school in one. Being affiliated with Columbia University, it has also the advantage of selected arts courses, so that it is qualified to graduate not only general teachers, from kindergarteners to college professors, but all kinds of special instructors in domestic science, fine art, physical education, even to instrumental music. The college has an international reputation for advanced educational methods, its staff including several eminent authorities in various departments.

The regular course at Teachers' College is two years, a certificate being given at the end of the first, and a diploma at the tnd of the second year. Pupils with special qualifications may complete the work in one year.

Nurses who are unable to take the regular course, will find a great deal of work covered by the first year's curriculum. Some of the subjects are compulsory, some elective, so that the student who wishes to specialize in executive work, or teaching, or social work, may choose such a programme as she and the adviser consider best suited to her purpose.

Domestic science is a subject which is exceedingly well represented, as a glance at the prospectus will show. One can learn almost everything that is known about foods, from the preparing and serving of the simplest dishes, to the higher technical and scientific work along these popular lines.

Biology and bacteriology are also peculiarly well adapted to the needs of the nurse. They are the same old subjects we met in our training school courses, but presented in fuller detail and from different points of view. The fundamental principles of nutrition and reproduction are studied first through the lower forms of plant and animal life, experimental and microscopic work adding immensely to the interest, and the deeper understanding of the subject. One cannot help the regret that nurses should not all have this broader basis of biological principles, on which to build nursing practise and experience.

The study of psychology may strike the practical mind as rather irrelevant to the subject of nursing, but apart from the fact that it is the basis of all intelligent teaching, it seems to me particularly valuable in helping to a better understanding of the vagaries of human nature. Modern psychology is no mere abstract science. It has a very definite and practical bearing on life's problems, and especially in view of the recent emphasis on mental attitudes and influences, and the increasing number of nervous derelicts we meet in every department of nursing activity it seems to me that not only the graduate nurse but the pupil nurse, needs all the knowledge and the power she can gain, by which she may control and regulate her own life, and rightly influence the lives of those who depend so much on her for strength and readjustment.

In the application of educational principles, the nurses share with the other students the ordeal of practice teaching—the experience being much more valuable for the instructress than the instructed, I judge—though I believe the pupils of these particular training schools are bearing up remarkably well under the treatment.

The nursing subjects proper deal with hospital construction and equipment, and all the practical details of administration. The class has had the opportunity of visiting several representative city institutions and the work has been taken up quite fully under a competent architect, and Miss Gooderich of Bellevue and Allied Hospitals. Mrs. Robb's series of lectures on the training school was thoroughly comprehensive, but even more than the value of her words, was felt the inspiration of her magnetic personality. The same may be said of all the speakers we have heard, and especially in connection with the social aspects of nursing—Miss Dock on the history of nursing, Miss Wald of the Henry Street Settlement on district and school nursing, etc., Mrs. Florence Kelly on child labor, Miss Gibbs on the work of

instructive dietitian in the homes of the poor, and Miss Farrell on the problem of defective children. Professor Devine's course in social economy, at Columbia University, has also been most valuable to those who were able to take it; it would be hard to find a more competent authority on social problems, than the able editor of "Charities and the Commons."

This comprehensive survey of the whole field of nursing activities and of nursing possibilities, helps the private nurse or the busy institutional nurse to get a grasp of the situation, to adjust her vision to the broader issues of her time, to find her relationship with all the other forces which are working for the common good. It is at once an illumination and an inspiration. The personal touch with these "big" men and women is an education in itself. But it is impossible to mention in detail all the features which are represented in the curriculum. With such an attractive assortment of good things provided, one is tempted to rebel against the limitations of programmes, and the kindly solicitude of advisers; but when the day of examination draws nigh, even these are fully justified in the mind of the most greedy student.

The university provides lavishly of extras in the way of extension courses, and public lectures, so that one has the opportunity of hearing very able speakers in the broadest range of subjects—scientific, literary, ethical,and artistic. The daily short service in the college chapel is a very real and helpful element in the life of the institution, as are also the various clubs and other college organizations. The cosmopolitan character of the men and women who congregate in great educational centres, the stirring life of the city itself, its art and its music and its great social movements, are all opportunities for broadening one's ideas and enlarging one's sympathies.

The attitude of professors and assistants in Teachers' College cannot fail to impress a newcomer, and is especially, I think, an object lesson to the institutional nurse. They are so genial, so sympathetic, so thoroughly helpful in every way, so lacking in that aggressive superiority which too often seems to be our hospital idea of authority. Admitting the necessity of a stricter discipline in the hospital wards, does it not seem that ours is too often the attitude of the industrial "boss" rather than that of principal or teacher in a school for the education of women?

I cannot leave this part of the subject without acknowledging the debt which the students of the hospital economics course owe to Miss Nutting, not only for what she has contributed to the value of the course, but for her unfailing personal assistance and interest.

It is to be hoped that the department of nursing will ere long be dignified by a properly endowed professorship, lending permanency and prestige to this movement for the higher education of nurses. The future will doubtless bring many developments and possibly in due time we may even have a hospital economics course in one of our own Canadian universities. But in the meantime, where should we have reciprocity with our hospitable neighbors, if not in nursing education? Perhaps it will not be considered unduly boastful among ourselves, to remark on the very important part which has been played by

Canadian women in the development of the nursing profession in America. The fact is, we are and should be one body with common aims and interests, and the best of sisterly relations.

It is to be regretted that so few nurses have been able to avail themselves of the opportunities of the hospital economics course. The expense certainly is a consideration, but as Miss Harcourt mentioned in the last "Canadian Nurse," it is not more than teachers are everywhere willing to pay for their professional training. Among the methods for reducing expenses, I do not think I noticed the plan for co-operative housekeeping, which some students have found quite practicable and which I know does reduce expenses materially. Many of our most capable and ambitious nurses are tied by financial burdens, which they must carry in spite of that "thirst for the water brooks," which one of them confesses to every time she sees the mention of the economics course. I am sure, however, that there are many who might save the necessary amount out of the ordinary income of two years, if they would only adjust their scale of values a little. The educational qualifications for admittance are not at all prohibitive and I believe experience is considered a very valuable asset. But all these details may be obtained by sending to the secretary of Teachers' College, Morningside Heights, N.Y., for a full announcement, or for more specific information, to Miss Nutting.

I have gone so far into detail because I have received several letters from nurses at home, asking about the particular features of the work. Many wonder "if it pays." It is hard to compute the value of these things in terms of dollars and cents. Personally, I think that any broadening in one's outlook or enriching of one's life, is well worth while, even at a sacrifice of many other desirable things. Yet even at the world's valuation, which we cannot altogether ignore, one would think that the bigger the woman, and the broader her experience and knowledge, the more she should be worth in any position, be it as superintendent, or teacher, or private nurse, or social worker. I believe the demand for qualified graduates has always been greater than the supply, so there is little to fear from lack of opportunity, if one has all the other essential qualifications.

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A DAY'S WORK.*

The forming of the Ottawa Association for the Prevention of Tuberculosis, in March, 1905, led to the systematic visiting of such patients at their homes. In the following May it was resolved to begin work on the lines laid down by Dr. Phillip, of Edinburgh, Scotland, namely, the personal house to house visit to the sick, with individual instructions to the sufferers in the means by which their own conditions might be improved, and their families protected from contagion.

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*A paper read before the Canadian Association of Training School Superintendents.

A sufficient sum of money was obtained by subscription to defray the nurse's salary and other expenses for the current year. On the fifteenth of the same month, Miss Hayside, a graduate of St. Luke's Hospital, Ottawa, was engaged, and immediately began work. Her work proved such a success that, on her resignation, eighteen months later, it was decided to engage another nurse in her place, and I assumed her duties as assistant visiting nurse of the Association up to the present date.

I soon found that almost half the patients visited had not sufficient nourishment, nor the means to obtain it. As soon as this fact was made known to the May Court Club, this humane organization, which has been our unfailing resource from the first, generously offered to supply nourishing food, warm clothing, medicine, and other necessaries for needy patients. I cannot sufficiently express my gratitude for such ready support and willing co-operation.

But, not content with such generous measures, the members of this same Club opened, June 18 of the present year, a free dispensary for tuberculous patients only, under the auspices of the Anti-Tuberculosis Association. This dispensary is open three days a week, from 11 a.m. to 1 p.m., with some one doctor out of six leading physicians, and the nurse in charge, in attendance.

A patient, on admittance, is given a card bearing the Register number, his name, address, date of visit, by whom sent, and name of attending physician. This he keeps and shows at each succeeding visit. The patient is next examined, his history noted, and medicine, disinfectants, sputum cups, etc., dispensed if necessary. A visit is made to his home, within a day, if possible, and observations taken by the visiting nurse of his surroundings, manner of living, etc., Where want of means calls for it, milk and eggs, and other necessaries for the patient's comfort are furnished. On each subsequent visit a record is added to the notes taken.

The dispensary has greatly simplified a large part of my work. Cases are often reported by neighboring patients, who have observed symptoms resembling their own. I require such subjects to call, if possible, at the dispensary, and if, after diagnosis, tuberculosis is found to exist, they are placed on the list of patients and entitled to the care provided.

My work gives me free access into comfortable homes, as well as hovels, and in both my visits seem to be appreciated. In the great majority of cases I have been encouraged by the way my instructions have been received and acted upon, and by the general results of my work. The patients seem to look forward with pleasure to my visits. One man, the father of a large family, exclaimed when he saw me coming: "Here comes our nurse. We look upon her as our mother, and tell her all our troubles." Another patient's parting words were: "Oh, I have been so discouraged and heartsick; but now I feel hopeful and ready to battle for life after the encouragement you have given me." With

my very poor patients, I find that I am called upon to heal many a heartache and distress of mind, as well as weakness and pain of body. Let me cite a pathetic case. A father who had always worked hard suddenly became ill, about two years ago, with hemorrhage from the lungs. He had been a dissipated youth, therefore his constitution was not favorable ground for curative work. He was twice sent to a sanitorium, and came back each time much improved, but only to succumb to a fresh attack on both occasions when he resumed work. The expenses of his long illness soon left him at the end of his financial resources, unable to work, with a wife and two helpless children depending upon him for support. Both father and mother turned to me for aid in finding such work as the poor woman could do, in order to keep their little home together. She could not leave her little ones, as the youngest was a nursing baby. I persuaded the man to go to a hospital for advanced cases, and by the aid of friends procured the cleaning of offices night and morning for the poor mother.

Often my inventive powers are brought into play to devise methods of getting patients to live in the fresh air. Roofs, porches, wheelchairs, hammocks, and, in one case, an attic room, have been brought into requisition. Two sides of this room were torn down and sliding windows substituted. On storms or severe weather coarse canvas was drawn across the windows, thus admitting sufficient fresh air, yet giving enough protection. Adjoining this room was one well heated, where the patient robed or disrobed. In another instance a platform in a very small yard was brought into service. The patient was confined to her bed, was carried here every morning about 6 o'clock, and lay there in her cot until dusk. To shield her from the sun, a sheet was tacked to a frame held above her by four posts, which were nailed to the platform. This cheery patient always greeted me with a smile, and on my leaving insisted on my taking a flower from a small bed of geraniums planted by her own hand in the centre of the yard, and whose every blossom she had tenderly watched as it bloomed.

Verandahs are easily pressed into use, both for night and day. In summer, curtains can be hung to shield the patient from storms. In winter double windows and boards transform the verandah into a desirable living room for the patient.

Some time ago I was called to see a young man, well advanced in the disease, who thought he had come home to die. I found him in a room crowded with furniture, and with only one long, narrow window for ventilation. On going upstairs, I noticed a good-sized verandah overlooking the driveway and canal. I remarked that this might be fitted up as a room for my patient. This puzzled the family, as they did not think such a thing could be done; but after a few suggestions, a single bed was moved out, a table and chair pillowed, a curtain was hung to screen him from the view of his neighbors, and before I left my patient was installed in his new quarters. On my next visit he managed to crawl from his

bed to a wheel chair, and was brought into the sunshine. I suggested his getting a thermometer for his own use, and offered to show him how to take his own temperature and keep his chart. This interested him and aroused him from his moroseness. Now he is improving daily, and takes great pride in keeping his chart and following my instructions in all things.

In my work the days go on seemingly much alike, yet each brings some new lesson to learn, some new problem to solve.

At one time it is difficulty encountered in the removal of a patient against the wishes of his family; at another, trying to find a place for one in the crowded tuberculosis ward of one of the available hospitals in the city. Then, again, trying to find shelter for some unfortunate stranger without friends or means, and stranded in a poor lodging house. One such case I recall—that of a young man who shared a wretched room, small, untidy, and foul-smelling, with two others. The poor fellow was glad of any place to lay his head, and never even dreamed of the infection with which he was saturating his room-mates.

Since early spring several patients have found temporary shelter in tents loaned by the Anti-Tuberculosis Association.

Every day we see more clearly the imperative need of a proper building in which our unfortunate patients can be isolated with comfort and receive the approved scientific treatment their peculiar disease requires, and where medical men may be able to carry out their theories for the cure of this most dreaded scourge of mankind. From existing circumstances, we have every reason to hope that, before the close of the coming year, such a building will indeed be ours, and an asylum secured for such tuberculous patients as need our help, as well as a new field of labor offered to the devoted and zealous members of our Anti-Tuberculosis Association.

ELIZABETH E. HARRIS.

THE NURSE IN THE HOME.

I was asked to talk to you on "The Nurse in the Home," because it is now a generally accepted fact that the nurse just out of the hospital is not prepared to care for one patient in his own home, in his own way and in his own time. I do not mean that she is not trained to do the necessary things for his welfare, for she is, but private duty nursing differs so much from hospital nursing that the average graduate finds it difficult to adapt herself to the various phases of home life after the strict routine of training school regime. For instance, in the home your patient is not awakened at 6.30 to have his face washed and his breakfast eaten by a certain hour. He is not made to have a bath before the physician calls. He may not need a bath at all, and he is allowed to have his own way. While in training a nurse has a certain amount of work to get

through within a certain amount of time. In private duty she has twenty-four hours to cater to one individual. The hospital nurse and the private duty nurse are judged from such different viewpoints, that because a nurse is a fine hospital nurse or splendid head nurse, is no reason at all that she will succeed as a private nurse. It makes no special difference to the patients in the hospital whether their nurses put much of self into their work or not. When one nurse goes off duty someone else takes her place. They get the necessary care and what they pay for, but in private home duty the nurse is with her patient twenty-four hours. She enters into the intimacy of the family life. The patient has time to and does observe everything about her—her personality, her dress, her grammar, in fact, every detail. While institutional work, visiting, nursing, school inspection work and the other branches now open to trained nurses all require special gifts and I believe nurses should specialize, the successful private duty nurse should be a refined, well-informed woman, thoroughly honorable, absolutely honest and should acquire all the niceties of the technique of nursing. She should have a fine sense of the fitness of things. I asked a prominent physician about a nurse whom I knew was a splendid practical one, and he replied, "Oh, oh, she is a good enough nurse, but she does not know how to do the nice little things." These "nice little things" are what count in the care of the well-to-do, refined patient. Then the private duty nurse should love her work, for the patient knows instinctively whether she does or not, and the mind attitude will do as much toward the convalescence as the actual labor. It is not many years that all this has been required. In the past those who would do the absolutely essential nursing, though of low moral character, were the only women to be obtained. Now the trained nurse must be of the highest moral standard, be fairly good looking, wear good clothes, be cheerful, thoroughly competent and have good table manners, so that the husbands and other relatives will enjoy their meals with her. While she should have a pleasing manner, she should be careful not to be frivolous, familiar or flirtatious, for some wives are keenly jealous and while ill are peevish and super-sensitive and may misconstrue the nurse's cheerful, pleasant demeanor.

Adaptability and tact are the qualities which should characterize the private duty nurse, for she meets different people and different conditions constantly. Every home is conducted differently; no two families live alike, though in the same social sphere. Some homes are always kept in order, clean and neat; some are untidy and disorderly, and even dirty. While the nurse will keep her patient's room clean, she ought not to try to reconstruct the way of living in the homes which, to her well-trained instincts, seems disorderly, for the family always have lived that way and will continue to do so, and the effort of the

nurse will not be appreciated. If the disorder or chaotic condition is the result of the present illness, then one's efforts will be a blessing to the family. In the homes where there are several servants, from the butler to the scullery maid, the nurse will not have much actual housework to do; but in the average home, where one or two servants do all the work, the nurse will do what seems necessary to keep clean the household affairs running smoothly.

In some homes you will find luxurious linen closets, filled with dozens of embroidered towels, sheets, pillow-cases, etc. Here you will feel free to use abundantly all the towels and wash-cloths that you wish to. In others, where there are four or five towels or one or two wash-cloths for the whole family, you will find it necessary to wash some in order to have enough for your patient's use. Learn to discriminate, be as economical as possible usually, but in a luxurious home be sure to use plenty of clean linen and especially napkins for the trays, for in such homes the underwear is changed daily and clean table linen is used for each meal.

Also in ordering diet, one should be as economical as is consistent with the manner of living in the home. On obstetric cases, if there is a laundress, the nurse needs to simply rinse out the baby's napkins and put them in water until wash day, but where there is but one maid of all work the nurse will wash them and use them again. If there are other children she will often have to help bathe and dress them, and while this is not a trained nurse's work she will do it or anything else to keep her patient's mind at ease and the household affairs running smoothly. In private nursing one does not often get two hours off duty, and while it is right and proper that she should have time for rest and recreation, the faithful, conscientious nurse will not leave her patient who is very ill, and there is no one to relieve her. If she does go out, she should change her dress, for a nurse in uniform on the street is conspicuous, and, also, the street dirt is carried into the house and the sick room. This brings me to the question of clothing.

Do not start out to nurse with two uniforms and six aprons. Have sufficient dresses, aprons, caps, etc., to keep spotlessly clean, for you are with your patient day and night, from week to week, and he or she has nothing much to do but inspect you and your clothing. Then keep them well mended. I knew a splendid nurse to be criticized because her skirts were frayed. Have three wrappers or bath robes, made of a pretty washable material, not too dark, or bright red, not too bulky, so that they take up space in your suit-case, but warm enough to sit up in at night. Have them made with medium sleeves, never flowing ones, and quite high in the neck, so that if your patient is a man there will be nothing about your attire suggestive. Imagine the humiliation of a nurse, who was a most modest girl, when the

mother of a male patient suggested that the lace in her gown was open enough to reveal her skin. A nurse has too many sacred duties to her patient, too much responsibility for the reputation of her hospital and her sisters in the profession, and too much self-respect to maintain to run any risk of being a temptation to her patient. Also, she should own her own night slippers, so she need not borrow. I heard of a nurse recently who took without asking her patient's wrapper and hairpins. It is unnecessary to say that her services will never be required in that family again. If you are in the habit of borrowing from each other, quit it at once, for it is a bad habit that clings to one through life. The nurse in private duty cannot be too particular in the care of her own person. Her hair, teeth and hands should always be well cared for. I do not mean that her hair should be curled or fluffed all over her face, but kept clean and smoothly combed. Particular care should be given to her teeth and mouth, so that she will have a sweet breath, and her hands shoud be kept smooth and as well manicured as is possible. These are small things, but they mean much to nervous, fastidious women, and men as well. A nurse's personality should radiate a fresh, sweet, clean wholesomeness, without the use of sachets, perfumes or cosmetics. I think that the nurse who is planning to do private duty should practice and learn to read well.

Also, she should avoid rocking in chairs, and crushing paper in her patient's presence. She should try to appear pleasant at night when awakened to wait on her patient, though she may feel tired and cross, and she should be very careful to keep all unclean, unpleasant objects from her patient's sight.

Perhaps the most common complaint is that nurses gossip, and it is easy to understand why they do. During training school days so much happens that is of common interest and is made the subject of general conversation, and nurses acquire a habit of discussing everything, but it does not do when out in the homes of those who depend on us for care and whom we depend on for a living. Because of the intimate relations the nurse forms with the families, she learns secrets which should never be whispered outside that home. She should not tell from one to another the details of the sicknesses, the amount of linen, etc., in the home. Then she should not only not gossip from patient to patient, but she should not retail hospital doings, or criticize the acts of other nurses, for the patients will do that to perfection. We are all responsible for the reputation of our hospital and we should be loyal to her, for we either reflect on her care and training or we do credit to it. This suggests one thing on which I feel very strongly, that of abstaining from intoxicating liquors when on duty. No nurse has any right to indulge in them while on duty, not only for what will be said about herself, but for the sake of the sister nurses.

The thoughtful, tactful nurse will leave the room after seat-

ing visitors; she will also give the patient and physician an opportunity to discuss privately anything they may wish to. She will also plan to be away so that the husband and wife can visit together alone; and she will be much appreciated if on occasions when there are guests to dinner, she will have her own meals sent up to her room or go down to second table.

This suggests the treatment by the nurse of the servants in the family. While she should at all times maintain the dignity of the profession and of her own position, she will be considerate of the servants and exhibit a modest, quiet spirit at all times, remembering that they do not know or appreciate how many years of training she has had. She will avoid conflict with them and not order them to wait on her, though she may have to do extra work. Sad indeed is the experience of the nurse through whose thoughtlessness or tactlessness the servant leaves when there is illness in the house, but happy and complimented indeed is she, who, on leaving the case, has not only the patient's gratitude and tears, but the servant's sorrow at her departure

The nurse should endeavor to keep up with the times by reading the daily papers and magazines, not so much that she may lead discussions, but that she may be able to appreciate what is being talked about by those around her. She ought also to wait to be invited to participate in the social life of the family before doing so. When making an obstetric engagement she should state her price and have a definite understanding as to when the engagement begins and the day she shall be paid from. By so doing much worry and trouble is avoided for both patient and nurse.

When death enters a home the nurse is in a trying position, and while endeavoring to be a comfort to the sorrowing ones by being cheerful and brave, let it never be said of her, "She was without feeling." If the case has been a long one and she has become endeared to the family, she is usually asked to stay until after the funeral, and though it is not easy to do it seems to be one of her duties.

Because of the long hours of confinement, the necessity of giving up all of one's own interests to those of the patient, the strain of keeping in sympathy with the family's interests, and of keeping cheerful, smiling and sweet under all circumstances, private duty nursing is exceedingly wearing and strenuous, and means the expenditure of one's own nervous force. For this reason one can work only about three-fourths of the time. She should have a pleasant comfortable room, where she may do exactly as she pleases when off duty; and, oh, the joy of coming to your own little den after weeks of hard work and close confinement in someone else's home. But the compensations of private duty nursing are many. The companionship of refined, cultured people, the intimacy of beautiful family

relations into which the nurse enters for a little while, the friendships formed which often last for life, the gratitude of the whole family, and their never-ending interest in your welfare, all go to make one's life broader, more charitable and happy. The nurse develops with her work, she acquires self-possession, self-reliance and self-poise, and with it a reputation for faithful, conscientious work, for it is true of the nurse as well as the physician, "A pleased patient is her best advervisement." „

No better advice can be followed by the nurse who has to adapt herself to the ever-changing conditions of home nursing than that given by Polonius to Laertes:

> "To thine own self be true,
> And it must follow as the night the day,
> Thou canst not then be false to any man."

The well-trained nurse who will apply these principles to her life and work and obey the golden rule, "Do unto others as ye would that they should do to you," will be a satisfaction to her patient, to her physician, and to herself.

CAROLINE M. RANKIELLOUR, R.N.,
Graduate St. Barnabas Hospital,
Minneapolis, Minn.

NURSING IS A PROFESSION

Every year, hospital training schools, giving a two to four years course, graduate hundreds of nurses. These nurses become members of graduate nurses' associations, to which are not admitted nurses taking a three months, six months, or correspondence course. This is done not only for the advancement of the profession of nursing, but also as a protection to the public —the same reasons that formed the medical and other professional associations. Nurses wishing to do district work, become members of the Victorian Order of Nurses, with headquarters at Ottawa. This order accepts graduate nurses (after a probation) and gives a special training in district work. The order pays nurses' salaries and expenses. When possible a small fee is collected from the patient to help carry on the work of the V. O. N. Communities needing the services of district nurses, should apply to Victorian Order of Nurses, Ottawa, not flood our country with untrained nurses, as a correspondent in our local papers wished. In a few years it will be as impossible for sham nurses to practise, as it is to-day for quack doctors to do so.

ETHEL MORRISON.

Victoria, B.C.

YOUR LIFE WORK

It is a serious matter to come to the close of one's course of institutional training.

1. *Graduation is not the completion of your education or training.*

It is only the close of one period—that period in which you have laid broad and deep foundation principles, those principles which are to govern your future.

There is an expression used to-day which suggests the same thought. We speak of a person "making a career" for herself. What do we mean? Literally, the word "career" means "a race course"—hence, the path which we mark out for ourselves. Thus, graduation does not mean that you have now a clear and well-defined course to follow, but that there has been placed within your reach the power to carve out for yourselves the pathway of your life's ambitions—your life's work.

2. *What is this work?*

It is not for me to tell you of what a nurse's work consists, even if I could, nor would this be a fitting occasion to do so. But I can tell you some things which, perhaps, in your professional capacity, you may overlook.

It is almost superfluous to point out the nobility of your calling and that you belong to a profession which ranks in the forefront so far as service to mankind is concerned. There can be no doubt that the trained nurse is one of the greatest blessings of modern times. But it is one thing to recognize this in a general way and quite another to remember it in a specific manner, so far, I mean, as it relates to your individual work. There are two words, however, which will help you to remember this and to live and act in accordance with it, viz.:

(*a*) *The very name you bear.*

A nurse is the personification of the art signified by the verb "nourish." And what does not that word suggest? Think of all the tenderness, the patience, the humility, the love that is embodied here, and, thinking of it, live up to your name.

(*b*) Another word which will help you to remember your high calling is that which, I think, better than all others describes your work, even as it describes all true work—I mean the word "service."

Do not be afraid of that word. Neither be afraid of the word "servant." They embody the highest act of humanity. Life is full of paradoxes and none is more striking or truer than that "to serve is to reign." Even the Divine Master Himself could find no better way of describing Himself and His work than to say, "I am among you as He that serveth."

3. *Some Elements of Success.*

(*a*) *Remember the boundless possibilities of your profession.*

I have said that your calling is one of the noblest and highest possible. Not only so, but it is one which should call

forth the very best qualities in you, for all the possibilities of the profession are potential in yourself. You, as an individual have the power to make your profession more noble or less so. Whatever you do to advance the cause for which you stand will advance the whole. But the opposite is equally true. Let it be your aim, then, not simply to work for yourself—for your own advancement, your own self-aggrandizement—but for the cause, for humanity.

(*b*) *Be loyal.*

(1) *Be loyal to your chosen profession.*

Take your work seriously. To enter it in any flippant or careless way, or simply as a means of livelihood, will be to court failure. So far as I have been able to judge—and I may say that my work naturally brings me into touch with many of the nursing profession—this is the chief cause of non-success, other things being equal. Unless one feels called to this work—is in it because it naturally appeals to you to serve your age and generation in this manner—better, far better, not to enter it at all. The nursing profession is not a stepping-stone towards acquiring a fortune or even fame—but, I take it, is a boundless sphere for doing good in the Master's own way.

(2) *Be loyal to yourself.*

Do not sink your own individuality in your profession. This is as harmful as it is to sink your profession in yourself. Avoid professionalism. (I use the word in its narrow sense.) Be human, and you will then be humane, which is, after all, only exhibiting the finer instincts of the race—those qualities which we naturally associate with the sweet-faced, sweet-voiced wearer of the uniform which it will be your privilege now to don. Do you ask what those qualities are? I would point you to your motto—*caritas*—a word which embraces, in its full meaning, all that goes to make up true character, for does it not mean "love"—and those of you who have read Drummond's "The Greatest Thing in the World" will recall his wonderful analysis of Love, based upon Paul's noble panegyric, viz., Patience, Kindness, Generosity, Humility, Courtesy, Unselfishness, Good Temper, Guilelessness, Sincerity. I could not ask you to do anything better in the line of success than, as your eye rests upon your motto, that you strive to realize its full meaning in your own life.

(3) *Be loyal to your highest ideals.*

I do not think anyone passes through a course of training for any chosen profession without framing for one's self certain ideals—ideals which are closely associated with one's future career. In the first flush of enthusiasm with which one takes up the work it is easy to keep these ideals before one—but, as time goes on and it is ascertained that the attainment of them is no easy task, comes the temptation to abandon them.

You, too, no doubt, have your ideals, either of your own making or suggested to you by your teachers. You, too, will have to face this same temptation. Whatever you do, do not yield to it. Never abandon your ideals. You will ever find them an inspiration—a lode-star beckoning you on to higher things.

(4) *Be loyal to your Alma Mater.*

"If I forget thee, O Jerusalem, let my right hand forget its cunning," said David. And the true graduate of any institution will not forget those halls where, amidst, it may be, much toil and weariness, yet also amidst joy and true companionship, she wrought for the better equipment of herself for her life's work. And this will be easy in your case, for you have here an Alma Mater of which you cannot help being proud. She has already won your affection by her own qualities and will continue to hold it, by reason of the high standards which it will be her aim always to present to the world. She looks to you, as her true and loyal daughters, to keep her name untarnished and her standards never lowered. Remember that the work of a hospital is not confined within its own walls. It has a broader view, a larger vision than that which is so circumscribed. A hospital is a public institution and must stand the test of public opinion. And you, her graduates, are by no means the least of the fruits by which this institution will be judged. Do not forget, then, that she now permits you to use her name, that she has admitted you into her family and that you have the privilege of taking that name as your own. See that you do not take it in vain. Let your individual life and character—what you are and how you do your work—be such as will not only reflect to your own credit, but to that of your benign mother, the R. A. H.

I heartily congratulate you on your successful work, and I wish you enough success in the future to encourage you ever to strive after the higher goal, and just enough of difficulty to keep you from getting into that state where striving becomes impossible.

R. A. Hiltz.

LETTERS FROM A NURSE IN TRAINING

The Hospital of the Good Samaritan.

My dear Margaret,—How pleasant it is to be able to pour out one's whole soul on paper in this fashion and to be quite sure of being understood! Truly I have travelled far since I left home a month ago and all of the road has been passing new and strange and some of it a bit rough and thorny. You have travelled it yourself and, though now you look down on me from the cold heights of your assistant superintendency you will understand and sympathize as even the home folks cannot. I seem suddenly to have entered a new world, different surroundings, different ideals—almost, it seems to me, they speak a different language.

I had hardly expected to enter the hospital so soon. When I made application I was told it would probably be in August, but some other applicant failed then, and, though it is only June, behold me a probationer of one month's standing.

The night of my arrival remains a horrid memory. It was evening when I reached the home and the nurses were coming off duty in companionable groups of twos and threes. No one seemed to be alone but me. There I stood with my shabby little valise, no one seeming to care whether I had any resting place for the sole of my foot or not. A few of them looked at me with mild curiosity. I am the first member of the new class and there have been no probationers for some months.

At last the housekeeper arrived and took me to a room on the top floor—two beds in it, clean and very bare. My trunk had arrived before me and I was told to unpack it and put the things away as we are not allowed to keep trunks in our rooms. I don't like to think about unpacking that trunk. There lay all the neat little piles of things mother had put away for me—the blue and white uniforms she had fitted on me so anxiously, the "sensible" shoes the boys had made so much fun of, even the square tin box of cake and my favorite jam "for fear I should be hungry." I felt as though I could never be hungry again. I bundled everything away as quickly as I could, put out my things for the morning and crept into bed. Then the great wave of homesickness that had been mounting higher all day broke and rolled over me fathoms deep.

Just before ten o'clock the door opened and my room mate came in. She seemed a little taken aback when she saw me and my possessions. Evidently she had not expected the invasion of this brand new recruit and did not quite like it. She is a pretty little Welsh girl with such a delightful accent and seems very popular with the others. At half-past ten the lights clicked out and most of the girls must have had to finish disrobing in the dark. In a few minutes the halls were silent. From my window I could see the lights of the hospital and hear the subdued whirr of the dynamoes in the power-house beating like a great heart. At last I fell asleep, but almost immediately it seemed to me the six o'clock bell rang, and it was my first day on duty. I got up at once and dressed with trembling fingers. I was ready long before my room mate, who seemed rather

amused at my eagerness. We had breakfast and went upstairs for prayers at ten minutes to seven. It was rather an ordeal. There were about fifty nurses there all in the dark blue uniform of the hospital. I suppose it would have been a pretty sight if one had been in the mood for it. The head nurses wore white and stood in a group by themselves. The lady superintendent read a few verses, then we sang a hymn and said the Lord's Prayer. In some vague way I felt comforted, but whether it was religious consolation or not, who shall say? They all filed out of the room in order of class, poor me at the extreme tail end. The assistant superintendent stopped me and told me she would show me where to report for duty. We went through endless corridors until we reached Ward Three, a public medical ward for women with a small ward at the side for children. The head nurse, Miss Crawford, was reading the night report, the others standing round waiting for orders. I scanned her features anxiously, for was she not to be one of the arbiters of my fate? She is very striking in appearance, splendid grey eyes with black straight brows, but a cruel-looking mouth. She looked at me from head to foot with an appraising stare, made no remark but looked, I thought, sufficiently disgusted. When the rest had been assigned their various tasks she showed me the large ward —twenty beds in it, also the children's ward with eight cots and the various linen cupboards and bathrooms. Most important of all, she showed me the bell register in the ward kitchen. "It will be your duty," she said in calm professional tones, "to answer those bells." I gazed at her in helpless fascination. There were twenty numbers on the register. Suppose they all rang at once! Even as I pondered one rang, loud and insistent. It was seventeen. I managed to locate it—a very querulous old woman in the corner of the big ward. She was propped up with a back rest and was breathing heavily. "I want to be lifted up in bed," said she, "but you won't do—you're a new one. Get some one as knows something." This was what the boys would call a squelcher. The third nurse, Miss Everett, who was near by, came to my rescue. She does not seem a very strong girl, but it was a revelation to me to see her lift that heavy woman. I helped her re-arrange the pillows and back rest, all I was good for!—and wondered whether I should ever be as deft and clever as she was.

There were small wooden tables between the beds which I was set to scrub. These tables are an eyesore to Miss Crawford, I learned later, Ward 3 being the only ward in which these relics of barbarism still survive. In the other wards they have been replaced long ago with glass ones of the most approved type. However, I scrubbed them as well as I possibly could and wiped down all the window sills, subject of course to frequent interruptions from that importunate bell register.

Then Miss Crawford escorted me to the bathroom, showed me how to scour and polish, and left me to my own devices. At ten o'clock order was beginning to evolve out of chaos to some slight extent. Miss Crawford came down, narrowly inspected what I had accomplished and made no remark one way or the other. She told me there was "lunch" in the ward kitchen and

that I might go and get some. I was the last and there was only one slice of toast left. But I gobbled it up in a twinkling, and like Oliver Twist longed for more. Everything tasted a little of turpentine and carbolic, for my labors in the bathroom had invested me in a sort of aura of these searching perfumes, but never before or since have I been so ravenously hungry.

In the afternoon I was taught to make a bed hospital fashion. It seems a comparatively easy thing to do—until you have to do it. The pillows seemed to be demoniacally possessed. No matter how I patted and pulled and shook and twisted, they all flopped to one side like a badly poached egg. Then along would come Miss Crawford—a little twist and a shake and there they stood as firmly as Gibraltar.

By seven o'clock I was heartily tired out. I climbed up the three flights of stairs and threw myself on my bed, but I remembered what you once said about weeping probationers and restrained any fond and foolish tears I might otherwise have been prone to shed. The little Welsh Miss Williams had changed her uniform for a light skirt and blouse and went gaily away to play tennis. I could hear the soft thud of balls on the court and the voices of the players as they called the score. I tried to read but could not. Over the city it was beginning to grow dusk and far away the colored lights of the fair grounds twinkled in the summer night. I could even hear the music faintly, borne in on the cool night breeze. Such an odd little tune! Mother and I had often played it as a duet and thought it pretty, and now out there the horses danced to it in a dog and pony show. Such a merry little tune, with the gay ponies in their bright trappings dancing in the sawdust ring—but not all the grand classics of music breathing every emotion the human heart ever thrilled to could have stabbed my heart like that teasing melody played by that cheap band. Of such strange stuff are we made, my Margaret.

Well, this was the first day, and in many respects, I think, the worst. I am getting physically accustomed to the grinding work now, but it is being borne in upon me that your advice, "Never forget the human side of your work," is increasingly hard to live up to. We are all in such a desperate hurry, so much work and so little time, that when I have answered seventeen's bell five times in half an hour I lose sight of the fact that she is an old woman worn out with hopeless suffering and think of that horrid line, "They are neither man nor woman, they are neither brute nor human, they are ghouls." Needless to say I manage to disguise my feelings, but I suppose that according to your standard this is not sufficient. "Not only with our lips but in our lives." Be patient with me, my Margaret. This stern discipline, this scouring of taps, this answering of bells, crass mechanical work as it is, is accomplishing its object. The unruly spirit of your friend is daily chastened. I never was so ordered about in my life. Everyone has dominion over me. If I leave a dirty cup in the sink the Irish ward maid admonishes me. The ward cleaner was very much annoyed yesterday because I took his radiator brush without permission. The fourth nurse has only been here four months, but, metaphorically speaking, she

casts her shoe out over me at every turn. She gave the medicines last Sunday afternoon when the second nurse was off duty; just think of that! I can hardly read the hieroglyphics on the labels, and as for holding the corks in the crook of my little finger with the degree of sang froid she possesses—alas! no, I shall not attain unto it in many moons.

I cannot tell whether I am likely to be accepted or not. Miss Crawford never praises me, no matter how hard I work, but she has only really scolded me twice. Once because I left the window shades at uneven heights in the big ward, and once because I let a medical student carry a screen for me. It was an awfully heavy screen and he was a very strong medical student, therefore why shouldn't he carry it? I didn't ask him to carry it and all I said to him was "Thank you." But it cost me ten minutes in the linen cupboard that were far worse than the carrying of many screens.

I asked Miss Everett whether Miss Crawford would recommend me for acceptance. She seemed to be rather doubtful. "She keeps you on with her on Sundays and that's a good sign," she vouchsafed at length. But is it? and why? Oh, dear! the lights will be out in a minute. I must go to bed. To-night in some strange way the whirr from the engine-room sounds more friendly, more as though the heart of the Hospital of the Good Samaritan beat for me too, as though I were really part of it at last.

Good-night. Think of me. E. J.

ORILLIA GENERAL HOSPITAL

The annual meeting of the Orillia General Hospital was held in the Council Chamber recently and the hospital is not only doing good work, but is almost paying its way—a wonderful record. Miss Johnston, the superintendent, reports: Patients admitted, 140; patients discharged, 125; deaths, 5; births, 5; nurses in training, 5; number of days outside nursing, 14; number of days special nursing in hospital, 10; number of days special nursing by outside nurses, 68; number of days treatment, 1,958; average cost of patient per diem, $1.10. The old board was re-elected, with the exception that Dr. A. P. Ardagh was elected to succeed Mr. H. J. Bartlett, who resigned some time ago. The board is composed of Messrs. T. H. Sheppard, H. T. Blackstone, G. H. Clark, J. J. Hatley, W. H. Tudhope, A. E. Munn, R. J. Sanderson, Wm. Carson, and Dr. A. R. Harvie, Dr. A. E. Ardagh, Dr. W. C. Gilchrist, and Dr. A. P. Ardagh. We congratulate one of the newest of Ontario hospitals on its excellent record for the first year.

Extracts from the annual report of the president of the Victorian Order of Nurses Committee, Baddeck, C.B..

"On making this my annual report for the year just ended, I am confronted with the sad trials of that year—trials that reached the hearts of loving parents, and, despite the faithful care of doctors and nurses, left many a vacant chair at our firesides.

"The V. O. Committee of this district, in that crisis, was always ready and willing to extend the helping hand to the suffering neighbor. Perhaps one of the most perplexing things for our committee was to place the service of the nurse so that it could do the most good to the many.

"Those present will agree with the committee in believing that, at no time in the past twelve years, was a nurse needed so much in Baddeck as last summer, and at no time in those years was a nurse called upon to do the strenuous work and continuous nursing that fell to the lot of our present nurse. She made 331 visits during the past year, and did 166 days continuous nursing. That, in my opinion, is a volume of work that would try the strength, patience and endurance of the strongest among us. In justice to our nurse, I must say that in the months, August, September and October, when she was on continuous duty, with but little rest, moving from sick-room to sick-room, I did not hear a single complaint or murmur about herself. A self-sacrificing nurse is a true disciple of the great Florence Nightingale. Can we pay for such a service with a few dollars? I say no, never! Not in this world is the service of the faithful nurse recompensed!"

D. McDonald, M.D.

Note.—Baddeck was visited last summer by a malignant type of dysentery, which attacked children and old people principally, and with few exceptions proved fatal to all children who contracted it. The Victorian Order nurse in Baddeck is Miss M. E. Crocker.

A post-graduate course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information, apply to the Chief Superintendent, 578 Somerset St., Ottawa, or to the District Superintendent, 206 Spadina Ave., Toronto.

The Guild of Saint Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—*Ambroise Pa*

The American Guild of St. Barnabas for Nurses supports a missionary nurse, Miss Agnes Bolster, at Tanana, Alaska. The name of the mission is "The Mission of Our Saviour."

At the annual meeting of the Guild, which was held at St. Louis, Missouri, on November 11th and 12th, the services were opened by the celebration of the Holy Communion by Bishop Whitehead and Dean Davis in the chapel of St. Luke's Hospital. This service was a sweet and memorable occasion, and at the conclusion, all the congregation were taken to the breakfast-room as the guests of the superintendent of the Training School, Mrs. Smith. There are now thirty-five branches of the Guild in the United States.

The officers of the Guild are as follows:

Chaplain-General—The Rt. Rev. Cortlandt Whitehead, Bishop of Pittsburg.

Secretary-General—Mrs. W. R. Howe, Orange, N.J.

Treasurer-General—Mrs. B. B. Van Harlingen, Philadelphia, Penn.

True religion—the thing that binds together, the golden chain that links our poor little earthly lives with the better life above, and keeps us here as brothers and sisters bound together with a golden chain, which unites us one and all with the great Brother on high.

Mrs. Scharlieb, M.D., M.S., Hon. Mem., Guild of St. Barnabas.

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given:
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven:
My soul will be a-dry before,
But, after, it will thirst no more.

—*Sir Walter Raleigh.*

THE LAMP OF ZEAL.

"I think we made too many rules, and that we remade them too often. I make fewer now, and easier ones, and let them much more alone. I wonder if I really keep them better? But, if not, may God, I pray Him, send me back the restless zeal, the hunger and thirst after righteousness which He gives in early youth! It is so easy to become more tolerant of evil, more hopeless of good, more careful of one's own comfort and one's own property, more self-satisfied in leaving high aims and good deeds to enthusiasts, and then to believe that we are growing older and wiser. And yet these high examples, these good works, these great triumphs over evil which single hands effect sometimes, we are all grateful for when they are done, whatever we may have said of the doing. But we speak of saints and enthusiasts for good as if some special gifts were made for them in middle age which are withheld from other men. Is it not rather that some few souls keep alive the lamp of zeal and high desire which God lights for most of us while life is young?"—Juliana H. Ewing.

LIFE ETERNAL.

It is a life in which the powers of humanity are perfectly developed, and thus developed are fully satisfied; a life, the very instinct of which is the service of God; where temptation is unknown and weariness no more besets our path; a life of one unending day, of one unclouded happiness, of one unceasing joy. —Canon George Body.

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Miss A. C. Smith, G.G.H.A.A., Supt. General Hospital, Guelph.
Miss Deyman, 87 Victoria Avenue, Hamilton.
Mrs. Newson, 87 Pearl St. N., Hamilton.
Mrs. Tilley, K.G.H.A.A., 228 Johnston St., Kingston.
Sister M. Regis, Supt. St. Joseph's Hospital, London.
Miss Stanley, V.H.A.A., Supt. Victoria Hospital, London.
Miss Chesley, O.G.N.A., Supt. St. Luke's Hospital, Ottawa.
Miss M. A. MacKenzie, Chief Lady Supt. V.O.N., Somerset St., Ottawa.
Miss Mciklejohn, L.S.I.A.A., Supt. Lady Stanley Institute, Ottawa.
Miss Duncan, Supt. General Hospital, Owen Sound.
Miss Hollingworth, G. & M.H.A.A., Supt. G. & M. Hospital, St. Catharines.
Mrs. Barrow, G.S.B., 91 Pembroke St., Toronto.
Miss Barwick, T.C.R.N., 644 Spadina Ave., Toronto.
Miss Bowerman, T.G.N.C., 349 Sherbourne St. Toronto.
Miss Butchart, W.H.A.A., 19 Oxford St., Toronto.
Miss Devellin, G.H.A.A., 505 Sherbourne St., Toronto.
Miss Donnelly, St. M.H.A.A., 608 Church St., Toronto.
Miss Freeze, T.G.H.A.A., 1 St. Thomas St., Toronto.
Miss Mary Gray, G.N.A.O., 505 Sherbourne Street, Toronto
Miss Hamilton, H.S.C.A.A., 608 Church St., Toronto.
Miss Lennox, G.N.A.O., 107 Bedford Road, Toronto
Miss Mathieson, R.H.A.A., Supt. Riverdale Hospital, Toronto.
Miss Segsworth, 635 Ontario St., T.C.R.N., Toronto.

Manitoba

Miss Barrie, M.A.G.N., 254 Balmoral St., Winnipeg.
Miss Birtles, Supt. General Hospital, Brandon.
Miss Gilroy, W.G.H.A.A. 48 Harriet St., Winnipeg.
Miss McKibbon, 375 Langside Street, Winnipeg.
Miss Scott, Supt. General Hospital, Neepawa, Man.
Miss I. M. Stewart, 407 Pritchard Ave., Winnipeg.

Saskatchewan

Miss Blakeley, Supt. Queen Victoria Hospital, Yorkton.
Miss Chalmers, Supt. Victoria Hospital, Regina.
Miss Anna Hawley, Queen Victoria Hospital, Yorkton, Sask.
Miss Heales, Supt. V.O. Hospital, Melfort, Sask.

Alberta

Miss Scott, Supt. General Hospital, Calgary.
Miss E. P. Mckinney, C.G.N.A., Calgary.
Miss McIsaac, E.G.N.A., Supt. The City Hospital, Edmonton.
Miss Mitchell, Supt. R.M.B. Hospital, Vergreville, Alta.

British Columbia

Miss Judge, V.G.N.A., 811 Thurlow St. Vancouver.
Miss McDonald, Supt. Prov. Royal Jubilee Hospital, Victoria.
Miss Evans, Supt. Kootenay Lake General Hospital, Nelson.
Miss Green, Supt. Gen. Hospital, Golden.

Yukon Territory

Miss Burkholder, Hospital of the Good Samaritan, Dawson.

The United States of America

Miss Hodgson, The Lakeside Hospital, Cleveland.
Miss L. L. Rogers, 265 Henry St., New York, N.Y.
Miss Flaws, Supt. Butterworth Hospital, Grand Rapids, Mich.

President

Miss Crosby, 45 Dundonald St., Toronto.

Treasurer

Miss Christie, 19 Classic Ave., Toronto

Assistant Editors

Miss F. Madeline Shaw, Montreal General Hospital, Montreal.
Miss Hargrave, B.A., 146 Winchester St., Toronto.
Miss Graves, St. Michael's Hospital, Toronto
Miss Wilson, Supt. General Hospital, Winnipeg.
Mrs. B. G. Hamilton, Calgary.
Miss McFarlane, Supt. Gen. Hospital, Vancouver.

Editor

Dr. Helen MacMurchy, 133 Bloor St. East, Toronto.

The Canadian Nurse

VOL. V. TORONTO, MARCH, 1909 No. 3

Editorial

THE CANADIAN NURSE IN ENGLAND.

Canadian nurses who have never visited the home land have before them one of the most delightful of earthly experiences. Even those of moderate means need not fear to undertake it. Nurses work hard. They often lose sleep. Their nervous energy is given freely to their patients and they need to be "re-created." There is nothing else that can do this as successfully as an Atlantic voyage. Travelling in England is cheap compared to travelling in Canada and living in London is often cheaper than in Toronto. Canadian nurses will be made welcome in London. Canadians are welcome in Great Britain. On arrival, the Canadian nurse should at once write to the leading railways, the London & Northwestern, the Glasgow and Southwestern, the North British, the Caledonian, etc., etc., and ask for information about "circular tours." By these circular tours the traveller goes everywhere and back again for about one fare and a penny a mile is the usual rate. Third-class is quite good enough for anyone. As they say in Scotland: "Only lords and fools travel first-class."

Of course nervous nurses are unknown in Canada, but if anyone has an attack of "the nerves" there are always railway carriages marked "Ladies only." (The editor of the Canadian Nurse never travels in them!)

A more important matter still is the question of where to stay in London and here Canadian nurses are exceptionally fortunate, as Miss Ellis, the Head of Worsley House Club at 15 Clifton Gardens, Maida Vale, London W., a residential club for working gentlewomen, has kindly allowed "The Canadian Nurse" to say that she will receive favorably requests from Canadian nurses for residence at the club during their visit to London and be glad to receive them into the club as temporary members. The club is situated within ten minutes of the Marble Arch, and ten minutes of Paddington Station. A motor omnibus passes the door, and there is also a cab stand within a few yards, and a taximeter cab stand. The charges for rooms are: Bed-sitting rooms from 10/6 per week: single bedrooms, from 8/- per week; double bedrooms, from 10/6 per week. Breakfast and late dinner, with supper on Sundays, costs 10/6 per week. Lunch, consisting of meat, vegetables, and pudding or cheese, is 8d.

It is very doubtful if there are many places in Canada where one can be as comfortable as in Worsley House Club, for the payment of such a moderate sum. We hope a good representation of Canadian nurses will go to England this year.

THE INTERNATIONAL CONGRESS ON NURSING.

London, July 19th to 23rd, 1909.

We are indebted to Miss L. L. Dock, one of the Secretaries of the Congress, for the following official announcements:

Monday, 19th July, has been set apart for the Quinquennial Business Meeting of the International Council of Nurses. The meeting will be held in the Council Chamber of Caxton Hall, Westminster, opening at 11 a. m., with a short address by the President, when the "mot d'ordre" which is to stimulate the efforts of members until the next meeting will be given. We are now working with the watchword Courage.

The officers of the three countries federated as the International Council—Great Britain and Ireland, the United States of America, and Germany, will present short reports of work accomplished since 1904, when the Council met in Berlin.

The applications from countries willing to affiliate—Holland, Finland, Denmark, and Canada—will then be received, and the Presidents of the National Councils of Nurses of those countries will be introduced to the International Council. Their delegates will thus be enabled as members to vote in the election of honorary officers, for any resolutions or amendments of the Constitution which appear on the Agenda, and to decide where the next meeting of the International Council of Nurses will be held. A full list of those officers who are entitled to vote will be given later, and the Agenda of this meeting sent to each, and seats reserved for them in the hall.

As the deliberations will be of great interest the rest of the hall will be reserved for members of affiliated National Councils of Nurses, so that they may realize the far-reaching influence of this extending international federation of trained nurses. An international badge of ribbon will be available to be worn by the members of every affiliated society of nurses grouped into National Councils, federated in the International Council of Nurses, a sign of the growing solidarity of the nursing craft. The presidents and delegates of the International Council, together with other distinguished members of the Congress, will be entertained to luncheon at 2 p.m., upon the invitation of the president of the National Council, Mrs. Bedford Fenwick.

In the evening, Miss Isla Stewart, matron of St. Bartholomew's Hospital, will entertain distinguished guests and others at a conversazione at St. Bartholomew's Hospital, E.C., when the invited speakers of the Congress will be presented to their hostesses.

The Congress.

The Congress will open at 10 a.m. on Tuesday, 20th July, when Mrs. Isabel Hampton Robb of the United States will present a paper on the "International Standard of Nursing Education and Registration."

The coming Congress is arousing the greatest interest both at home and abroad, and already many of the distinguished foreign nurses who have been invited to speak have consented to do so. From the United States we are to have papers from Mrs. Robb, President of the American Society of Superintendents

of Training Schools; from Miss M. Adelaide Nutting, Professor of Domestic Science, Teacher's College, Columbia University, New York, and President of the American Federation of Nurses; from Miss Anna L. Alline, Official Inspector of Training Schools under the Regents of the University of New York; and from Miss L. L. Dock, Hon. Secretary of the American Federation of Nurses, and of the International Council of Nurses.

THE WOMAN'S HOSPITAL AID ASSOCIATION.

Sometimes those interested in hospital work wonder if this agency is appreciated as it ought to be either by the workers inside or outside of the hospital. Yet it does a great deal of good. It often makes the hospital a happier and more home-like place. It unites the interests of the community and the hospital and its success is measured, not so much by the money it presents as by the place it gives to the hospital in the hearts of the people. One of our best hospital workers in the West assures us in a recent letter that "between ourselves, if it hadn't been for the Woman's Hospital Aid here, the work they have done and the money gathered, our general hospital would have been defunct long ago. As it is, we are to have a new hospital and the women have undertaken to provide all the linen and as much more as they can do. The older members were tired with work, but a new leader arose and united the oldtimers and the newcomers. The newcomers are taking their share of work without any ill-feeling of the older ones."

What a help such an organization is! We have lately heard also of a "Hospital Circle" in one of the Toronto churches which made in 1908 the sum of $600.00 for hospital work, and of a "Girls' Auxiliary" in one of the newer cities of Manitoba which is doing great things to help the hospital.

THE NURSES' CLUB-HOUSE IN TORONTO.

We heartily congratulate Miss Bowerman and all those who have so ably assisted her in the arduous task of establishing a club house in Toronto, upon the success which has attended their efforts. Miss Bowerman has been the leader in the movement. The idea was hers. Much of the work was hers. She has united a large number of nurses in the project and its success will fill her kind heart with joy. We hope she may long live to see her best hopes for the club realized.

On February 1st the Toronto Graduate Nurses' Club completed their purchase of 63 Isabella Street. Possession will not be had until May 1st, the house being rented until that time. The proceeds from the "Fair of all Nations," which were very nearly $3,000, enabled the Club to make their first payment on the house. It is hoped that all those nurses who helped so well with the Fair will continue to help the Club and become members, in which case the success of the club house will be assured.

THE VICTORIA NURSES' CLUB, BRITISH COLUMBIA.

The constitution of the Nurses' Club of the city of Victoria, in British Columbia, is a model one, and will be interesting to the many nurses' organizations in Canada and elsewhere. The club was organized on February 8th, 1905, and incorporated on May 1st, 1906. Its objects are the development of a loyal and sympathetic feeling among its members; the advancement of the profession of nursing and the raising and maintaining of a benefit fund for its sick nurses. The membership is restricted to "authenticated trained nurses registered on the club's register as such."

We hope to receive regular reports from the secretary from time to time, and congratulate the club on its success.

SAILING FOR ENGLAND.

Nurses who are thinking of attending the International Council of Nurses, meeting in London in July, should lose no time in securing passage on some safe and comfortable steamship. The Canadian Pacific Railway Company have kindly sent us the following information re their "Empresses." After the 1st of May the minimum rate is $90.00 each way on these magnificent steamers. The C. P. R. has also available three good steamers which carry one class of passengers only—the "Lake Erie" and "Lake Champlain," to Liverpool ($45.00 each way), and the "Montrose" to London direct ($42.50 each way). A party of nurses going together would be very happy and comfortable on these steamers. The Allan Line is also a good steamship line and enquiry at their offices would, we are sure, receive prompt and careful attention. The benefit of a visit to Britain is great and lasting.

Editorial Notes

Ireland.

The Queen's Gifts to the Soldiers.—Queen Alexandra, with characteristic kindness, has sent many pictures, rugs and other comforts to the Irish soldiers in hospitals. She has also sent £1,000 for the benefit of all sick soldiers at home stations under Q. A. I. M. N. S. and to supply other gifts of the same kind.

Scotland.

The Highland Division,—This division of the Territorial Nursing Service, under the organizing matron, Miss MacNaughton, of Aberdeen, is the first to complete its enrolment. Scotland forever!

Italy.

Nurses to the Rescue.—Great efforts have been made to meet the great calamity at Messina and elsewhere. Headed by Queen

Elena, Queen Margherita and the Duchess of Aosta, assisted by all the British, American, French, Red Cross and other doctors at hand, all the trained nurses, and indeed all the women who could, have aided the sufferers. The king opened all royal palaces, villas and castles to them and the Anglo-American colonies have done their best to aid. In such an overwhelming calamity, how small the greatest efforts are and yet how precious! For example, the International Hospital at Naples, which usually has fifteen patients, had 2,000 under its care immediately after the earthquake.

South Australia.

A Nurses' Club-House.—Miss Tibbits, who has just returned to Adelaide after a long absence of two years, during which she has visited many nursing centres, has engaged, with an excellent committee, in the establishment of a Nurses' Club for South Australia. We heartily wish it success and shall await further news of it with great interest.

Great Britain.

The Territorial Nursing Service.—This service is making great progress. The Queen has consented to be president. A meeting was recently held at the Mansion House in London for the benefit of the movement. The chair was taken by the Lord Mayor and Sir Alfred Keogh, D.G.A.M.S., Miss Haldane and others spoke.

Medal for Saving Life at Sea.—The stewardess on board the "Sardinia" (burned in the Mediterranean Sea) has been awarded Lloyd's Medal for saving life at sea, and is the first woman to receive it. She remained at her post till all the women and children were rescued and helped and encouraged all the passengers.

United States.

Canadian Nurse in Tacoma.—At the annual meeting of the Pierce County Nurses' Association, Tacoma, Wash., Miss Edith Weller, R.N., of the Northern Pacific Hospital, was elected president. Miss Weller is a Canadian.

Italy.

Volunteer Nurses at Messina.—The British bluejackets are so adaptable that they made splendid nurses in these dreadful days at Messina. The "Nursing Times" quotes from a letter written by Officer Harris of H. M. S. "Sutlej": "There were fires in bogies all round the decks, gallons of beef-tea and chicken broth, and brandy and wine were provided. Shoes and flannels and serge clothes were served out to those in need, and two men with sewing machines were working night and day making inside clothes out of flannel for the women and children. Our men carried round the little children in their arms to see if they could recognize any of their friends. We had scores of them fatherless and friendless. The men bathed all the little children, made little suits for them, and gave them oranges and cakes."

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

President—Mrs. C. J. Currie, 175 College St., Toronto.

First Vice-President—Miss Annie Robinson, Superintendent, General Hospital, Galt.

Second Vice-President—Mrs. S. H. Tilley, 228 Johnston St., Kingston.

Treasurer—Mrs. Thomas Roden, 127 Dunn Ave., Toronto.

Recording Secretary—Miss Julia Stewart, 134 Yorkville Ave. Toronto.

Corresponding Secretary—Miss E. R. Greene, 418 Sumach St., Toronto.

Board of Directors:—

Miss Brent, Superintendent, Sick Children's Hospital, Toronto.

Miss Mathieson, Superintendent, Riverdale Hospital, Toronto.

Miss Barwick, 644 Spadina Ave., Toronto.

Miss Woodland, Superintendent, Western Hospital, Toronto.

Miss Lennox, 107 Bedford Road, Toronto.

Miss Hamilton, 608 Church St., Toronto.

Mrs. Yorke, 400 Manning Ave., Toronto.

Mrs. Paffard, 51 Poplar Plains Road, Toronto.

Miss M. Christie, 19 Classic Ave., Toronto.

Miss Eastwood, 206 Spadina Ave., Toronto.

Miss Graves, St. Michael's Hospital, Toronto.

Miss Mary Gray, 505 Sherbourne St., Toronto.

The Executive Committee of the G. N. A. O. met on Tuesday, Feb. 16th, at 8 p.m., at the house of the president, Mrs. Currie, who occupied the chair. Others present were: Miss Brent, Miss Eastwood, Mrs. Yorke, Miss Christie, Miss Greene, Miss Woodland, Miss Mary Gray, and Miss Stewart. Thirteen applications for membership were read and accepted, viz., Miss Iva M. Murphy, Miss Ella Duffield, Miss Dorothy E. Street, Miss Elizabeth Aitken, Miss Annie Philip Kerr, Miss Edith Glass, Miss Eldred Neelands, Miss Gladys Young, Miss Barbara M. Simpson, Miss Gertrude Summerfeldt, Miss E. A. McLeish, Miss M. C. Milne, graduates of the Hamilton City Hospital Training School, and Miss Lena Claffy, graduate of St. Michael's Hospital Training School, Toronto.

The Executive Committee wishes to make the annual meeting of the Association, which this year will be held in May, as interesting as possible, particularly to those doing private nursing. Problems which relate to hospital and training school management can be discussed at the meetings of the Superintendents' Societies, and the G. N. A. O. was organized to be a help and inspiration to the private nurse. It is hoped that Miss de Witte's paper, "Some Problems of the Private Nurse," will be thoroughly discussed, and that the members will express their views freely on points brought out. Miss Eastwood will give a short paper on "Registration," and as no nurse in Ontario has a better knowledge of that subject than Miss Eastwood, this will be interesting to everybody. It is also proposed to have a "Question Drawer," of which Miss A. I. Robinson, of Galt, Ont.,

has kindly consented to take charge. Questions may be sent to Miss Robinson, or to either of the secretaries, at any time before the meeting. Miss Brent is arranging for some demonstrations to be given, the subjects of which will be announced later. It is proposed to have two sessions, probably afternoon and evening, and this will give ample time for a very interesting programme to be given.

Will members of the G. N. A. O. please notify the recording secretary of changes of address?

Wanted, the address of Miss B. T. Atkinson, formerly of Edmonton.

GRACE HOSPITAL ALUMNAE ASSOCIATION

Annual Report 1907-1908.

In presenting the annual report of 1908, we deeply regret our membership shows a slight decrease from last year, there being only forty-four members this year while there were forty-nine last. At the same time, although there are not so many members, the meetings have been better attended, showing more interest has been taken in them.

The Sick Benefit Fund, which has been discussed so long, has still not materialized, but we hope during the coming year to have it not only organized, but in such a condition that, if necessary, benefits can be derived from it.

We regret that our president, Mrs. Lalonde, has resigned her position before the close of the year; as a new president has not been elected, the first vice, Mrs. Macquoid, has taken her duties.

The members of the Alumnae Association take this opportunity of congratulating Miss Paton on the event of her marriage to Dr. C. J. Curry. She will be greatly missed at the monthly meetings, in which she has always taken a deep interest, and to which she was ever ready to give her help and sympathy when it was needed. As her new home is in the city, it is hoped she will very often accept the cordial invitation extended to her to attend as often as possible.

The officers and members of the Association wish to extend their thanks to the following doctors for their lectures: Dr. MacMurchy, "The International Congress of School Hygiene"; Dr. Cotton, "The Ideals of a Nurse"; Dr. McPherson, "Pneumonia"; and also to Miss Rhoden for her interesting talk on the new club-house.

The last meeting of the year was altogether of a social character and was held at Miss Segsworth's summer home at Centre Island. A great many of the nurses availed themselves of Miss Segsworth's hospitality and all had a most enjoyable time.

There have been some complaints made regarding notices of meetings not reaching their proper destinations. This is due to the fact that there have been changes of addresses which have not been known by the secretary. It is desired that when a member changes her place of residence, she should notify the secretary without delay, and that difficulty will be immediately overcome.

Official Department

ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

President—Lucy Bowerman, 349 Sherbourne Street.
First Vice-President—Ida Beam, 728 Spadina Avenue.
Second Vice-President—Annie Hartley, T.G.H.
Recording Secretary—Miss Lindsay, T.G.H.
Corresponding Secretary—Ida L. Burkholder, 728 Spadina.
Treasurer—Marion E. Hall, 18 Earl Street.
Board of Directors—A. J. Scott, Grace Hospital; M.Tweedie, 53 Langley Avenue; Edith Hargraves, 146 Winchester Street.
Conveners of Committees:
Sick Visiting—Elizabeth Field, 505 Sherbourne Street.
Registration—M. E. Christie, 19 Classic Avenue.
Programme—Mrs Feeney, 44 Willcocks Street.
Social and Lookout—Miss Richardson, 551 Sherbourne St.
Press—S. Caroline Ross, 1 Selby Street.
Central Registry—Miss Purdy, 551 Sherbourne Street; H. Fralick, 728 Spadina Avenue.
Canadian Nurse Representative—Miss Lennox, 107 Bedford Road.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

For the year ending Oct. 15th, 1908.

Officers for 1908-09: Miss Barnard, President; Miss A. Clarke, 1st Vice-President; Miss L. Adams, 2nd Vice-President; Miss A. Robertson, Recording Secretary; Miss B. Goodall, Corresponding Secretary; Miss M. Wilson, Treasurer; Miss M. Gray, 505 Sherbourne St., Secretary for "Invalid Cookery"; Misses M. Hally, E. Jamieson and M. Ellrington, Directors; Miss J. Hamilton, 608 Church St., Convener of General Business Committee; Miss Sales, Miss McQuaig and Miss J. Gray.

THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-09; Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the Board Room of the Hospital.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses: Misses C. E. Alldridge, E. R. Thomson, M. O. Greenaway, F. E. S. Manning, O. F. Stinton.

Postings and Transfers.

Sisters.

Miss L. M. Moor, to South Africa, from M. H., Devonport.

Staff Nurses on Appointment.

Miss A. H. Esden, to R. H. H., Woolwich.
Miss H. C. Johnston, to Cambridge Hospital, Aldershot.
Miss A. C. W. Teevan, to Cambridge Hospital, Aldershot.
Miss E. R. Thomson, to the Alexandra Hospital, Cosham.
Miss E. Close, to South Africa, from R. V. H., Netley.
Miss C. M. Williams, to South Africa, from R. V. H., Netley.

Appointments Confirmed.

Staff Nurses.

Miss E. Cooke, Miss I. D. Humfrey.

Arrivals.

Miss M. E. Harper, Sister, from South Africa.

C. H. KEER,
Matron-in-Chief, Q.A.I.M.N.S.

GENERAL ORDER 220.

APPOINTMENTS, PROMOTIONS AND RETIREMENTS,

Canadian Militia, 1908.

Headquarters, 8th December, 1908.

The following appointments, promotions, retirements and confirmations of rank are promulgated to the Militia by the Honourable the Minister of Militia and Defence in Militia Council:

Army Medical Services.—Army Medical Corps.

To be a Nursing Sister: Miss Elizabeth Craibe. 16th November, 1908.

Nursing Sister Miss Renee Jane Kirk is permitted to retire. 17th October, 1908.

Nursing Sister Miss Agnes Mary Toohey is permitted to retire. 2nd December, 1908.

QUEEN ALEXANDRA'S NURSING SERVICE RESERVE

Regulations for Admission.

The following "Regulations for Admission to Queen Alexandra's Imperial Military Nursing Service Reserve" are issued with Army Orders, August 1st, 1908:—

I.—Constitution.

1. The Queen Alexandra's Imperial Military Nursing Service Reserve is formed for the purpose of maintaining a reserve of nurses to supplement Queen Alexandra's Imperial Military Nursing Service in the event of war.

The Reserve will be under the immediate control of the Nursing Board, of which her Majesty the Queen is President, and will consist of the following grades:

Matrons.
Sisters.
Staff Nurses.

II.—Appointment and Qualification of Candidates.

2. Appointments in Queen Alexandra's Imperial Military Nursing Service Reserve may be given to persons duly qualified in accordance with the following regulations:—

3. A candidate must be between 26 and 45 years of age, must be single or a widow, and must possess a certificate of not less than three years' training and service in a civil general hospital, or a Poor Law infirmary recognised by the Local Government Board as a Nurse Training School.

A candidate will be required to fill in the form of application, which will be forwarded to her, and to produce the documents thereon enumerated.

4. Candidates must be approved by the Nursing Board, or by some person appointed by the Board.

III.—Conditions of Service.

5. Members must agree to serve either at home or abroad, as required, if called upon in time of war. They will be enrolled for a period of three years, which may be renewed from time to time; but their continuance in the Reserve will at all times be subject to review by the Nursing Board at the conclusion of each year's service.

6. Members will report themselves once a year in writing to the Matron-in-Chief, Queen Alexandra's Imperial Military Nursing Service, War Office, London, and will be required to satisfy the Board that they are continuously employed in *bona fide* nursing duties.

They must also immediately notify the War Office any change in their address.

Non-compliance with these requirements will render a member liable to be struck off the strength of the Reserve.

IV.—Retaining Fee.

7. A retaining fee of £2 per annum will be paid to Sisters and Staff Nurses of Queen Alexandra's Imperial Military Nursing Service Reserve on enrolment therein, and annually thereafter, subject to the provisions of Paragraph 5.

V.—Peace Training.

8. Arrangements will, when possible, be made to enable members to do duty in a Military Hospital for a week or a fortnight if they wish. The only payment required from them during this period will be 12s. 6d. weekly for board. No emoluments will be issuable in respect of this training.

VI.—Retirement.

9. Members may be required to retire on attaining the age of fifty.

This age limit may be extended, under special circumstances, at the discretion of the Board.

VII.—Special Conditions Applicable When Called Up for Service.

10. The following regulations will apply to all members of Queen Alexandra's Imperial Military Nursing Service Reserve when called upon for duty in Military Hospitals in time of war.

(1) Discipline and Duties.

They will be required to serve under the rules laid down in the Regulations for the Army Medical Service, and in the Standing Orders for Queen Alexandra's Imperial Military Nursing Service.

(2) Uniform.

They will be required to wear the approved uniform.

(3) Pay and Gratuities.

They will receive, while actually employed, the following yearly rates of pay:—

	Initial Rate.	Annual Increment.	Maximum.
Matron	£75	£10 0	£150
Sister	50	5 0	65
Staff Nurse	40	2 10	45

On the cessation of their employment they will receive a gratuity at the following rates, provided their services have been satisfactory:

Matron	£15 0 0
Sister	10 0 0
Staff Nurse	7 10 0

If their services have extended beyond one year they will be granted under the same conditions a like gratuity for each further year's service, a portion of a year being calculated at a proportionate rate.

Should their employment be terminated for reason not satisfactory to the Army Council, the claim to gratuity will be forfeited.

(4) Allowances.

They will be granted an allowance in lieu of board and washing at the rate of 15s. a week at a home station, or of 21s. a week at a station abroad. This allowance will be reduced to 3s. 6d. a week when free messing is provided. A special allowance for the provision of clothing will also be granted at the following rates:—

Annual clothing and cloak allowance abroad	£9	0	0
Annual clothing and cloak allowance at home	8	0	0
Outfit allowance when proceeding on active service	8	5	0

Correspondence

A LETTER ABOUT CHARTING.

To the Editor of "The Canadian Nurse":

Dear Madam,—Since I began taking your magazine a little over a year ago, I have read much that has interested and helped me, especially articles relating to the methods and experiences of other nurses. May I venture to say something about charting, in the hope that it may help some one else?

One of the first things my superintendent impressed upon me when I entered the hospital was the importance of charting and that in order to chart successfully a nurse must be methodical, observant and attentive. She also made her nurses feel that they had chosen the best work and that nothing but their best efforts would answer, either personally or professionally. I graduated about three years ago and have been doing private nursing since, but I find her advice holds good. I think many nurses pay too little attention to charting. I will cite one case in which her teaching stood me in good stead.

Late one afternoon I was called to the home of C. Three doctors were there and I at once put on my uniform and assisted in preparation for operation. Patient operated on and back in bed in two hours after my arrival. I carefully noted and wrote out doctor's orders, charted patient's operation and condition, and, since the operation was an abdominal one, watched the dressings carefully for signs of hemorrhage. I charted every change, however small—pulse, temperature, respiration, nausea, retching, color and quantity of vomitus, color, odor and amount of wound discharge, wound dressings, amount of sleep obtained, nourishment, stimulants and medicines given, condition of appetite, attack of pain and any unusual soreness or restlessness, also condition of bowels and urine.

In order to chart well it is necessary to take pulse, temperature and respiration often and regularly and that nourishment and stimulants be given at regular intervals and unfailingly recorded. In almost all cases I keep a special as well as a four-hour chart.

In the case I speak of, I was able after four weeks to give

an accurate account of my patient's every condition and change from the time I entered the home, and although he was operated on three times he is now well and strong. The only credit I can claim is for accurate charting, which made it possible for the doctors to obtain such a clear history of his condition as helped them to a correct diagnosis in the last and greatest change in his condition.

Doctors do not want our opinions, but they respect us and we are of service to them if we can give them facts.

M. M. L.

Fort Saskatchewan, Alberta.

To the Editor of "The Canadian Nurse":

Dear Madam,—Enclosed please find the sum of one dollar to continue my subscription to "The Canadian Nurse" for 1909. Although I have gone to American soil I cannot neglect the paper from the Land of the Maple.

Yours truly,

H. M. P.

New York.

Dear "Canadian Nurse":

What a happy surprise you have given us, in our old magazine, with its new garb and its many improvements! The January number is certainly the most helpful and most interesting of the copies I have ever received. Enclosed find post office order for my renewal. Wishing you every success,

Yours sincerely,

M. L. M., V.O.N.

QUESTION DEPARTMENT

To the Editor of "The Canadian Nurse":

Dear Madam,—What steamship companies employ a nurse on board, and to whom should an application for that position be addressed? Any information on the same will be very thankfully received.

M. G. W.

Minot, North Dakota.

[We have not been able to get any definite information on this point. We would suggest that our correspondent should write to the Canadian Pacific, the Cunard, the White Star, the North German Lloyd, and other leading steamship companies and make the enquiry direct.—Ed.]

Hospitals and Nurses

Miss Daisy Cornwall has resigned her position as assistant superintendent of the City Hospital, Franklin, Pa., and is enjoying a vacation at the home of her father, Dr. Cornwall, Omemee, Ontario.

At the annual meeting of the Alumnae Association of the Hamilton City Hospital, the following officers were appointed: President, Miss Ida Van Velzer, 87 S. Victoria Ave.; Vice-President, Miss Ida J. Ainsle, 57 S. Bay St.; Secretary, Miss Ida M. Carr, Hospital for the Insane, Hamilton; Recording Secretary, Miss Eliz. Aitkin, City Hospital; Treasurer, Miss Wilhelmina Adam, 55 S. Victoria Ave.

Miss Barbara Simpson (H. C. H.), who recently resigned her position in Montreal, has gone to take a post-graduate course in the Woman's Hospital in New York.

In Toronto on January 24th, Mrs. F. H. Lamb (Mabel Twiss), died suddenly of cerebral hemorrhage. Mrs. Lamb was a graduate of the Hamilton City Hospital, class '04. Previous to her marriage she did private nursing in Hamilton and the vicinity. Great regret is felt at her sudden death.

The following is the list of stockholders in the Toronto Graduate Nurses' Club: Misses Richards, Bowerman, Mathieson, Brent, Ewing, Johnson; Mrs. Roden; Misses Port, Whitlaw, Boyd; Mrs. Paffard; Misses Scott, Seager, Argue, Hall, Tweedie, Roger, Gray, Hamilton, Christie, Geddes, Goodall, Barwick, Greene, Graves, Burkholder, Kennedy, Jamieson, Muir, Lennox, C. Burnett, S. Burnett, McKenzie, Greer, Barnard, Fothergill, Stewart, C. Wilkinson, Rogers; Mrs. Burns; Mrs. Winchester; Misses Scott, Bowling, Long, L. B. Roy, Robson, Sawyers; the Riverdale Alumnae Association.

Miss A. Scott, formerly superintendent of the General Hospital at Neepawa, Manitoba, has spent the winter in New York, where she took a position temporarily. Miss Scott may return shortly to Canada.

It is with keen sorrow that we have to record the death of one of our members of the Central Registry, Miss Jennie Twomey, a graduate of the Mater Infirmorum, Dublin, who died after a lingering illness in St. Michael's Hospital on Sunday afternoon, Feb. 7th. A beautiful requieum mass was held on Tuesday, Feb. 9th, at the Church of the Holy Family, King Street West, at 9 a.m. The church was filled with friends, among whom were quite a number of our nurses. We all deeply feel the death of one so highly respected and so affectionately regarded.

Among Canadian nurses who are intending to go abroad this year are Miss Mary Smith, superintendent of the Babies' Hospital, New York; Miss Flaws, superintendent of the Butterworth Hospital, Grand Rapids, Mich.; Miss Anna W. Staebler, superintendent of Stratford General Hospital; and Miss Nora

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Tedford, of Montreal General Hospital. All these ladies will probably attend the International Council of Nurses.

The general monthly meeting of the Canadian Nurses' Association was held on Tuesday, Feb. 2nd, in the Medico-Chirurgical Society's rooms, at 8 p.m. The president presided. The attendance was not quite as large as usual, owing to a large number of nurses being on active service, which was rather unfortunate, as they missed a most instructive and interesting lecture on infectious diseases, by Dr. John McCrae. The doctor in opening his remarks, spoke of fevers in general, and showed how poisons were produced circulating in the body and to what an extent the efforts of the nurse are aimed at the elimination of this poison, especially by means of hydrotherapy, massage and the administration of fluids. The speaker also dwelt upon the question of how the strength can best be supported by foods, what constitute proper foods, and what determines the desirableness or otherwise of different foods. He strongly advocated the use of milk and protested against the use of any food likely to over-tax the kidneys in fever cases. In dealing with infectious diseases Dr. McCrae took up the question of isolation, with particulars as to methods, and somewhat more particularly, with regard to the subsequent disinfection of the sick-room and the various articles used therein. He urged upon the nurses to have an ample supply of bichloride 1-1000 or carbolic 1-20 or formalin 1-10, and with a generous use of these disinfectants and a large dose of common sense all fears of infection might be dispelled. In conclusion, he reviewed half a dozen of the more common and important infectious diseases, pointing out wherein lay the danger of each one, which was most interesting to those present and will, I am sure, prove truly beneficial to both patient and nurse in time of need. Two candidates were proposed for membership in the C. N. A. After a social cup of coffee was enjoyed and a little friendly chat, the meeting was drawn to a close.

The report of the annual meeting of the Woman's Hospital Aid Society of Calgary shows how generously and diligently the members have worked to keep the linen, etc., of the hospital up. Amongst other items they bought and made up 630 yards sheeting, 338 yards buttercloth, 100 yards crash, 280 yards towelling, 48 yards table linen, 46 yards ticking, 24 pairs blankets, 3 dozen white quilts, 4 dozen men's gowns, 1 dozen women's gowns, 2 dozen stone hot-water bottles, 2 medicine cabinets, graniteware for operating room, etc. The amount expended in supplies from the W. H. A. S. was $750.00. The Girls' Auxiliary of the Society have also worked well, and are going to furnish the children's ward in the new hospital. They have already $150.00 towards it, besides money they have spent on providing books, toys, plants and flowers all through the past year, and this Christmas they provided gifts for each patient throughout the various departments of the hospital, also the Isolation—a good work in which the girls are earnestly interested.

The medical staff of the Calgary General Hospital presented the hospital with a very fine Christmas tree, which was beautifully decorated by Miss Scott and the nurses. Col. Cunliffe, one

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of the directors, acted as Santa Claus, distributing the many gifts. Afterwards Miss Scott held an informal reception in the Nurses' Home for those who had kindly contributed musical selections and recitations, and others of the visitors who helped to make the occasion a success..

Miss Maclean has resigned her position as head nurse of the maternity department of the Calgary General Hospital.

Miss Eva Scott (Grace Hospital, Toronto) has gone to Lethbridge, having accepted a position in the Galt Hospital there.

Dr. F. W. Smith on January 14th gave the Calgary Association of Graduate Nurses a very enjoyable lecture on the "History of Nurses."

The Columbia Private Hospital, Calgary, Miss Harvey (Vancouver G. H.), superintendent, reports every bed occupied.

Interesting accounts have recently appeared in the daily press of the annual meeting of the Toronto Branch of the Victorian Order of Nurses, which was held in the City Hall. His Excellency Earl Grey was in the chair, and among those present were the Lieutenant-Governor, the Mayor and Mrs. Oliver, Sir Mortimer and Lady Clark, Senator Cox, Miss M. A. McKenzie, chief lady superintendent, Mrs. John I. Davidson, Mrs. John Hay, Dr. and Mrs. Grasett, Mrs. Willison, Mr. B. E. Walker, Mrs. Warren, Controller Hocken and others. The receipts were $5,000, all of which has been expended. Miss Eastwood, the superintendent, presented an admirable report. In 1908 the nurses have made 7,103 visits, taking care of 428 patients, and 226 night calls were made. Twenty-four additional doctors have employed the nurses, making a total on the list of 336 doctors who now engage nurses belonging to the order. "Since our work started in Toronto," continued the report, "we have had 2,590 of these obstetrical cases, and have lost only two. There has been a marked increase in the number of free visits. In 1907 there were 1,065, in 1908 there were 2,218. This has been unavoidable, as we found so many of the breadwinners of the households out of work. Sometimes we have been taken advantage of, but we are quite sure in the large majority of these cases the people were quite unable to make even the smallest contribution, and when such was the case our services were given with customary cheerfulness. The eight chronic diseases have received a great deal of care, to some of them daily visits have been paid for months in succession. One rheumatic case has been on our books for about eight years. In making our rounds among the patients we find the nurses' services are highly appreciated. There is never any need to inquire if the patients are satisfied. Nine nurses who completed their district training in the Toronto Home have received appointments during the year as follows: Miss M. Fyfe, to Stratford, to start a new district, her work has proved most satisfactory; Miss Edith Maxwell, to district work in Fort William, the work there grew so rapidly under her care that in the autumn an assistant had to be sent to help her, and Miss E. Blackmore, another of our nurses, was appointed; Miss A. Clarke, as an assistant at the Toronto Home; Mrs. Towel,

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V.O., to Thessalon Hospital; Miss E. Kenney, to the Toronto Home; Miss M. Sparkhall, to assist in the district work in St. John, N.B.; Miss T. McCutcheon, as assistant to the district superintendent at the Ottawa Home, and Miss N. King, to start a new district in Galt, Ont. This latter appointment was made just before the close of the year, and most gratifying accounts have recently come of what the nurse has been able to accomplish during her first month."

Miss Ella Condoy and Miss Marie Lenahan, who graduated from St. Joseph's Hospital, London, last June, have chosen Rochester as their field of labor.

Miss Ella McDonald, class '05, St. Joseph's Hospital, London, is on a visit to her parents in Wallacetown. Miss McDonald has been nursing in Champagne, Ill., for the past year, where she has met with splendid success.

Miss Louise Flood and Miss Eva Henry, class '06, St. Joseph's Hospital, London, have been successfully employed in Chicago, Ill., for the past year. Miss Henry is at present on a visit to her home in Dorchester, Ont.

Miss May Code, class '06, who was recalled from Brandon, Man., on account of the illness of her mother, intends returning to Brandon shortly. Miss Code enjoys nursing in the West.

Miss Maude Baye, class '07, St. Joseph's Hospital, London, has returned to Brooklyn, N.Y., after a few months' stay at her native town, Orillia, Ont.

A mass meeting of the members of the Central Registry was held on Friday evening, Feb. 12th, at the residence, Sick Children's Hospital. The Registry Committee called the meeting for the purpose of discussing the work of the Registry generally, but more particularly the appointment of an assistant registrar. The nurses felt it would be advisable to raise the fee to better facilitate the work of the Registry. Several opinions were expressed as to the appointment of the assistant registrar, but the final decision was left with the committee. The meeting sent letters of sympathy and condolence to Miss Twomey and Miss Pringle; messages of sympathy and good wishes for speedy restoration to health to Miss Hannant and Miss Husband. Letters of thanks and appreciation were sent to Dr. McMahon and Dr. Goldsmith, both of whom had been unfailing in their kindness and attention to Miss Twomey in her late illness.

On account of illness in her family, Miss M. L. Moag has resigned her position in Guelph General Hospital, and is at her home in Smith's Falls, Ontario.

The residence of Dr. M. C. O'Brien, Dominion City, was the scene of a quiet wedding Wednesday evening, 6th inst., when Miss Margaret Eleanor Wightman became the wife of G. E. Campbell, druggist. The ceremony was performed by the Rev. D. Spear, pastor of the Presbyterian Church, in the presence of only the immediate friends and relatives of the contracting parties. Mrs. Campbell is a graduate of the Galt Hospital Training School for Nurses, class of 1904.

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Miss Gladys V. Wallace, Galt, and Miss Ethyl L. Dumbrille, Strathroy, are recent graduates of Galt Hospital Training School for Nurses.

Miss Lillian Cameron, Galt Hospital Training School for Nurses, class of 1908, is now in Dr. Kelly's Hospital, Baltimore, Md.

Miss Jean Melles, Galt Hospital Training School for Nurses, class 1906, has removed to Ithaca, N.Y.

The fifth annual meeting of the Grace Hospital Alumnae Association was held in the Nurses' Home, Huron Street, on Tuesday, Jan. 26th, the first vice-president, Mrs. Macquoid, in the chair. The secretary's and treasurer's reports were read and adopted and the following officers were elected for the coming year: Honorary member, Miss Scott (supt.); President, Mrs. Macquoid; First Vice-President, Miss Dixon; Second Vice-President, Miss McKeown; Secretary, Miss Smith; Treasurer, Miss Trome; Board of Directors—Miss Monnery, Miss Sloane, Miss Carnochan, Miss Etta McPherson, Miss Thompson; Social Committee—Miss Stratford, Miss C. Laut, Miss Webster; Sick Committee—Miss Albie, Miss Dixon; Registration Committee—Miss Duke; Convenor of Programme Committee—Miss McMillan; Convenor of Press and Publishing Committee—Miss Bell. It was decided that the monthly meetings will be held on second Tuesdays of each month, instead of second Thursday, as heretofore.

The Alumnae Association of the Northern Pacific Railway Hospital Training School for Nurses, Brainerd, Minnesota, have formed a Beneficial Association with every prospect of doing good and useful work. The superintendent, Miss Whitaker, has taken a great interest in the new organization, to which we wish all success. The officers are: President, Miss Mable Cole, Glendive, Mont.; First Vice-President, Miss Mary Gavin, 150 River St., Menasha, Wis.; Second Vice-President, Miss Emma Clark, Hampshire Arms, Minneapolis, Minn. Secretary and Treasurer, Miss Maude Manning, Daytona Beach, Florida.

Another new hospital is opened in the West, this time in Minnedosa, Manitoba, and we have the greatest pleasure in announcing this, remembering how much good will surely be done within its walls. Hospitals are greatly needed in the western part of Canada. Miss A. A. Hawley, the superintendent, has kindly sent us some account of the opening. More than 500 people inspected the hospital on the opening day and interesting addresses were given by the president, Mr. J. Burgess, and by Miss Hawley. Mr. W. B. Waddell, M.P., formally declared "The Lady Minto Hospital of Minnedosa" open and the Rev. J. S. Watson closed the proceedings with prayer. The building is of brick, standing on the southwestern heights of the town, commanding a beautiful view for miles. It is heated by steam and hot water, comprising all the latest improvements. The interior includes, in the sub-basement, a kitchen, pantry, dining-room, laundry, caretakers' room, furnace, coal and vegetable rooms. On the first floor is the office and waiting room, men's public

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ward and bath room, two private and one semi-private wards. On the second floor is found the women's public ward and bath room, one private ward, operating room, with surgeon's dressing room in connection; superintendent's bedroom and reception room. The whole building is well equipped. The Knights of Pythias, the Foresters and the employes of the C. P. R. each furnished a private ward; the Independent Order of Oddfellows furnished the semi-private ward; the Girls' Hospital Aid provided two cots complete and all silver cutlery, whilst the Women's Hospital Aid supplied all linen, except private wards, and the furnishings for dining-room and kitchen.

Mr. Angus W. Hooper, of Montreal, left a legacy of $25,000 to Montreal General Hospital.

Mr. Hammond, one of the best and noblest citizens of Toronto, who died, as he had lived, a hero, left a large legacy to the National Sanitarium Association.

One of the graduates of Collingwood General and Marine Hospital, Miss Anna G. Morton, who has been on duty in the hospital for the past four years, was married early this year to Mr. J. W. Mather, son of Mr. James A. Mather, of New Lowell. The wedding, which was a verp yretty one, took place at Trinity Church, Bradford, Rev. Rural Dean Morley, rector of the parish, officiating, assisted by Rev. J. Farncomb of Stayner. The groom was supported by Dr. S. R. Clemes of Collingwood, and Miss M. Morton was bridesmaid, her little niece, Miss Mary Morton, being flower girl. Mr. and Mrs. Mather will reside in New Lowell.

The Board of the General and Marine Hospital, Collingwood, have engaged Miss A. R. N. Moore to give a course of instruction in massage and hydrotherapy to the pupils of the Training School connected with the hospital. Miss Moore is a graduate of the Collingwood General and Marine Hospital, and holds a diploma from the Pennsylvania Orthopedic Institute in massage, hydro- and electro-therapy, and medical gymnastics.

The Hospital for Incurables, Toronto, have wisely reprinted a bright, clear, kind article by Grant Balfour, in which, briefly but happily, their strong case is put. They have one hundred and forty patients and always about forty more waiting admission. We are very much interested in the article, and earnestly hope they may soon be able to pay the deficit of $4,000 through the contributions of the public. It is a good work that they do.

St. Elizabeth Visiting Nurses' Association, 30 Huntley St., have now two graduate nurses engaged for maternity and other work in Toronto. Their patron is the Most Rev. F. P. McEvay, Archbishop of Toronto; Honorary President, Lady Falconbridge, 80 Isabella Street; President, Mrs. J. McLean French, 137 Bond Street; First Vice-President, Mrs. William MacKenzie, Avenue Road Hill; Second Vice-President, Mrs. H. T. Kelly, 33 Maple Avenue; Treasurer, Mrs. James Dwyer, 132 Carlton Street; Corresponding Secretary, Mrs. D. A. O'Sullivan, 1155 King West; Recording Secretary, Miss Hynes, 375 Berkeley Street.

PNEUMONIA

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applied to the chest wall, front, sides and back, hot and thick, stimulates the action of the phagocytes and often turns the scale in favor of recovery.

It is an acknowledged fact, as declared by a well known medical teacher and author in his latest text-book on treatment, that "heat applied and persisted in over the entire diseased area is a most potent and physiological antagonist to those essential conditions which are directly induced by the causes of the disease, and from which all ultimate pathologic results must develop. It is profoundly stimulating, and while local heat from undue combustion is present, the applied heat stimulates the capillaries and physiologically unloads the venous capillaries. At the same time it stimulates the arterial capillaries through its influence upon the peripheries of the nerves and secondly upon the nerve centres, to drive the accumulating tide through the engorged vessels, thus unloading them into the veins. It thus carries off the accumulating waste, brings into the capillaries a new tissue supply and quickly remedies the harm that has been done them in the primary congestion.

"It is a most rational procedure. It is logical, it is reasonable, it is physiological and it is highly scientific. And such a course is always acceptable."

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Instead of depending on an emetic for quick action in croup, the physician will do well to apply Antiphlogistine hot and thick from ear to ear and down over the interclavicular space. The results of such treatment are usually prompt and gratifying.

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The nurses are Miss Annie Long, Miss Mary Kelly; residence, 30 Huntley St.

Miss Husband (T. G. H.), who has been for some weeks in one of the pavilion private wards at the Toronto General Hospital suffering from gastric ulcer, is now progressing favorably, greatly to the pleasure of all her companions and friends.

Miss Hannant, one of the recent graduates of Toronto General Hospital, was severely burned last month while on special duty in the hospital by an explosion of gasoline. Her many friends will be glad to hear that she is now improving.

Sister M. Philomena has been appointed superintendent of nurses, St. Joseph's Hospital, Chatham. Sister M. Justina, the former superintendent, is taking a rest at Mount St. Joseph, London.

Miss Eugenie Belleperche, graduate of St. Joseph's Hospital, Chatham, has accepted a position on the nursing staff of the St. Mary's Hospital, Rochester, Minn.

Miss Flora Darling, graduate of St. Joseph's, Chatham, has accepted a position in the Sick Children's Hospital, Detroit.

A cablegram on Feb. 14th announcing the death of Miss Jean Inglis, a former pupil nurse of the Neepawa General Hospital Training School, was received with great regret. Owing to ill health Miss Inglis was obliged to give up her work and return to her home in Scotland last October. Miss Inglis was a most capable, conscientious nurse, and had endeared herself to her patients and to the staff of the hospital.

Miss Margaret F. Hogan and a number of other Montreal nurses are thinking of attending the International Council of Nurses in July next.

MARRIED.

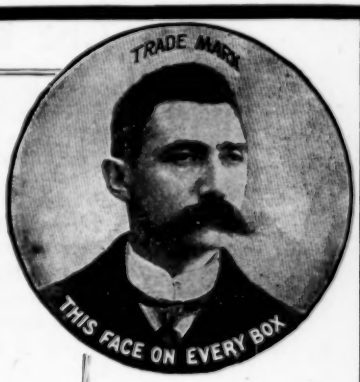
Crane-Green.—At San Jose, Cal., on January 7th, Alfred G. Crane of Kuala, Tumpur, Selangon, Federated Malay States, to Miss Constance H. R. Green, graduate of the R. V. H., Montreal. Miss Green has been in charge of the General Hospital at Golden, B.C., since her graduation in 1907, and the best wishes of her many friends will go with her to her new distant home.

Henderson-Knox.—In Vancouver, B.C., on January 14th, 1909, Miss Ellen I. Knox to Dr. G. B. Henderson, of Creston, B.C Mrs. Henderson graduated from Grace Hospital in 1902.

Redmond-Storey.—In Chicago, Dr. Thos. Redmond of St. Joseph, Mo., to Nessie M. Storey, graduate of Riverdale Hospital, Toronto, class '01. Dr. and Mrs. Redmond will be at home at 807 Francis St., St. Joseph, Mo., after March 1st.

BIRTHS.

At Mount Albert, Jan. 26th, 1909, to Mr. and Mrs. J. A. Hopkins, a son. Mrs. Hopkins (nee Miss Foster) is a graduate of the T. G. H.



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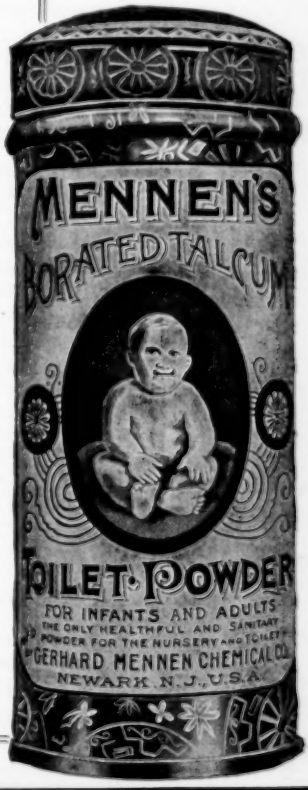

The Nurse's Library

The February issue of "The Quarterly," published by the Illinois State Association of Graduate Nurses, is a "Tuberculosis Number," and contains no less than ten articles on this important question. It is an excellent number.

"Mental Deficiency," A. F. Tredgold, L.R.C.P. and M.R.C.S. (London: Bailliere, Tindall & Cox; 10s. 6d.) Dr. Tredgold is a recognized authority of eminence on this subject. Besides a long and varied practical experience, he was medical expert to the Royal Commission on the Feeble-minded. His work, as was to be expected, is a learned, scientific, and comprehensive treatise on the subject so far as was possible within the limits of the volume. To all who have any interest in or duty to the feeble-minded, this book is of rare assistance and great importance. It is probably the best book in the language on this subject.

"Neurasthenia," by Prof. Gilbert Ballet of Paris. Translated from the third French edition by P. Campbell Smith, M.D. (London: Henry Kimpton, Furnival Street; 6s.) Books on neurasthenia are now a necessity to the nurse as well as the physician and this is an excellent treatise on the subject. It deals with the cause, symptoms, clinical forms, prophylaxis and treatment of the disease, and is interesting and suggestive from first to last. No book can take the place of experience, but this work will be found of great assistance and it is a good one for a nurse's library.

"The Johns Hopkins Nurses' Alumnae Magazine" is one of the very best of our exchanges. Besides, it and "The American Journal of Nursing" are the only ones that ever have found fault with us, and we appreciate that. It is our best chance of improvement to be severely handled by our contemporaries. In the last number the magazine is fortunate in having an article from the pen of Dr. Florence Sabin, the accomplished Assistant Professor of Anatomy in the Johns Hopkins University, and a most excellent account of the nurses' session at the International Congress on Tuberculosis.

We have just received a copy of "The Nurses' Cook Book," as published by the Toronto Graduate Nurses' Club and compiled by Miss Lucy Bowerman. We gave it to our own cook and within twenty-four hours she pronounced it "a lovely cook book," and would not use any other. The cook was right. It is a most excellent cook book and ought to sell in thousands for the benefit of the Nurses' Club-House. Address all orders to 644 Spadina Avenue, Toronto.

"The Delineator" for March has such a varied, attractive and appropriate table of contents that really one feels one cannot do without the magazine. We all need some clothes this month. Here are many suggestions, and which of us would not like to read any one of the six leading articles, each one more interesting than the last?

Scott's Emulsion

is a strengthening food and tonic, remarkable in its flesh-forming properties. It contains Cod Liver Oil emulsified or partly digested, combined with the well-known and highly prized Hypophosphites of Lime and Soda, so that their potency is materially increased.

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It will arrest loss of flesh and restore to a normal condition the infant, the child and the adult. It will enrich the blood of the anemic; will stop the cough, heal the irritation of the throat and lungs. It is the greatest help in consumption. We make this statement because the experience of thirty-five years has proven it in tens of thousands of cases.

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LONG HOURS IN NURSING

Nurses frequently complain after some years of practical nursing that the long hours of almost constant day and night duty become too strenuous for them and desire to specialize in their profession, whereby they become free from night work. Financially the most profitable specialty in which a nurse may engage is undoubtedly massage and its related forms of mechanical treatments. The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Inc.) 1711 Green Street, Philadelphia, offers most scientific courses in the Swedish system of massage, medical and corrective gymnastics, electro- and hydrotherapy at a reasonable price. Large clinical material, a staff of twelve instructors, the most complete equipment required for instruction and treatments are opportunities not found in many other schools. Classes open March 18 and May 19, 1909. If you desire to take such a course write for full particulars by addressing Max J. Walter, superintendent.

FUNCTIONAL NEUROTIC DISORDERS.

Neurasthenia, nervous "break-down," nervous prostration, "brain-fag" and allied states are usually but neurotic manifestations of some constitutional metabolic fault, which must be sought out and remedied if intelligent therapy is to be applied. Among the various pathologic conditions which oppose the relief of neural disorders, anemia, whether primary or secondary, is always worthy of therapeutic attention. Unless the blood supply is relatively normal in both quantity and integrity, its oxygen-carrying capacity is "below par" and, consequently, metabolic exchange and interchange is embarrassed and the necessary improvement in bodily nutrition is difficult of accomplishment. Pepto-Mangan (Gude) stimulates and encourages oxygenaton and nutrition, by furnishing the more or less impoverished blood with an immediately appropriate form of its vital metallic elements, iron and manganese. The vital stimulus thus imparted is often the one thing needful to initiate the substantial systemic "building up" process which must precede the desired recovery from neurotic disorders.

The new School of Medical Gymnastics and Massage opened Dec. 1st, 1908, by Dr. Gudrun Holm at 723 Lexington Ave., New York City, has met with a very gratifying success. The first course will end Feb. 1st and a new one begin at that date. Ever since she came to America, Dr. Holm has fostered the idea of opening a place where poor people could receive absolutely free or for a very small fee, good scientific massage treatment. Her wish seems fulfilled now.

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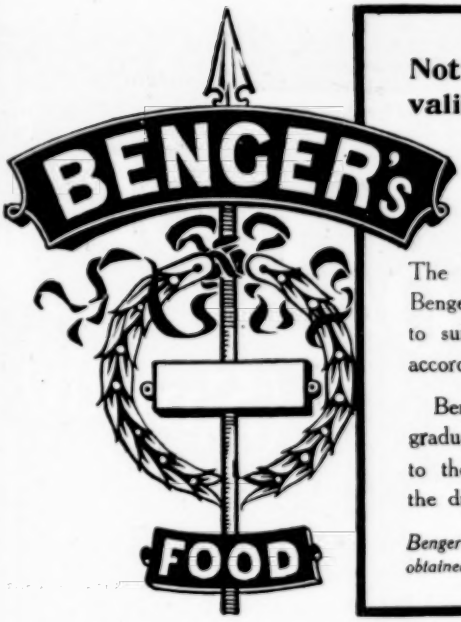

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